

Timothy C. Hauenstein Reynolds Township Library  
Request for Information

FOIA Request

Name/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Describe the record(s) requested as specifically as possible. If necessary, attach additional pages.

