



Freedom of Information Request

Date of Request: _____

Incident Number: _____

Name: _____

Phone Number: _____

Address: _____

Email: _____

Information requested:

To be completed by Hudson City Hall:

Date Requester notified:

Amount Collected: _____

1st _____

2nd _____

3rd _____

FOIA released: Yes or No

FOIA reviewed and authorized by Hudson City Manager

Date