

City of Viroqua
City Hall
202 North Main Street
Viroqua, WI 54665
Fax: (608) 637-3108

REQUEST UNDER FREEDOM OF INFORMATION ACT

Date of Request: _____

To: _____

Pursuant to the *Federal Freedom of Information Act*, the following information is requested:

Information requested by:

Name: _____

Address: _____

Phone: _____

Fax: _____

Select a suitable description of yourself and the purpose of this request:

- Affiliated with an educational or noncommercial institution and this request is not for commercial use.
- An individual seeking information for personal use and not for a commercial use.
- Affiliated with a private corporation and seeking information for use in the company's business.

Name of Company: _____

- A representative of the news media and this request is made part of newsgathering and not for commercial use.

Media company name: _____

Type of media: _____

Signature of authorized individual