



Access Request Processing Summary

Request Number

FOIP Office Review of Records

Records Reviewed By (<i>print name</i>)	Start Date	Target Completion Date	Actual Completion Date
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FOIP Office Time Spent

Reviewing Records

Name	Total Hours
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Severing Records

Name	Total Hours
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Preparing Response Package
(this time is chargeable)

Name	Total Hours
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FOIP Office Recommendations

[Large empty box for recommendations]

Prepared by

Approved by

Signature

Signature of FOIP Coordinator

Print Name

Print Name

Title

Date