

**REQUEST FOR INFORMATION**  
***The Muncie Sanitary District***

Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Information Requested:

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_

*Employee Name/Title*

Date Received: \_\_\_\_\_

Date information was picked up by requestor: \_\_\_\_\_

*-Please allow adequate time for our personnel to gather the data you've requested. This may vary from hours to days depending on our workload and the difficulty of obtaining the information. We will contact you when the information you've requested is available.*