

Form 22 – Request for Confidentiality

Alterations to the language in this document are prohibited

Confidential Treatment is Requested. Please read and become familiar with Iowa Code Chapter 22 (Examination of Public Records) regarding release of public records and Iowa Administrative Code Chapter 2 (Public Records and Fair Information Practices) before completing this Form.

1. **To request confidential treatment, you must provide the following information in the table below. You may add additional lines if necessary or add additional pages using the same format as the table below.**
 - 1.1. Clearly identify the specific materials or information for which you seek confidential treatment;
 - 1.2. Cite the specific grounds in Iowa Code Chapter 22 or other applicable law which support treatment of the material as confidential;
 - 1.3. Justify why the material should be maintained in confidence;
 - 1.4. Explain why disclosure of the material would not be in the best interest of the public.

SPECIFIC INFORMATION FOR WHICH YOU SEEK CONFIDENTIAL TREATMENT	SPECIFIC LEGAL GROUNDS SUPPORTING SUCH TREATMENT	JUSTIFICATION AS TO WHY MATERIAL SHOULD BE KEPT IN CONFIDENCE	WHY DISCLOSURE OF THE MATERIAL WOULD NOT BE IN THE BEST INTERESTS OF THE PUBLIC

2. **Additional Acknowledgements:**

- A request for confidential treatment requires submission of public/redacted copies of the material which are clearly labeled “**REDACTED COPY**” or “**PUBLIC COPY**” at the top of every page of the document, and which has all claimed confidential information excised. *Check the box to indicate acknowledgement.*
- Completion of this Form is the sole means of requesting confidential treatment. *Check box to indicate acknowledgement.*

- Completion of this Form and the Office's acceptance of materials or documents does not guarantee the Office will grant the request for confidentiality. ***Check box to indicate acknowledgement.***
- The Office may deny a request for confidential treatment if the request is improper or unfounded pursuant to Iowa Code chapter 22 or Iowa Administrative Code chapter 2. ***Check box to indicate acknowledgement.***

3. Please provide the point of contact for inquiries from the Office concerning the confidential status of information identified as confidential above:

- 3.1. Name _____
- 3.2. Address _____, City _____, State _____, Zip _____
- 3.3. Telephone number (____) ____ - ____
- 3.4. Email address _____

Authorized Representative's Signature

Date

Name (Printed)

Title

Entity