

FREEDOM OF INFORMATION REQUEST FORM

Date of Request: _____

Name: _____

Phone Number: _____

Address: _____



I request the following documents to:

_____ Visually Inspect

_____ Receive Photocopy(s)

I wish to receive copies of the following documents:

Signed: _____

This request will be responded to within five (5) working days.

Fees shall be charged as permitted by law.

As permitted by Section 15.234 of PA 442 of 1976 as amended, a public body may request a good faith deposit from the person requesting the public record or series of public records, if the estimated fee will exceed \$50.00. The deposit will not exceed ½ of the estimated fee.

For Village use only:

_____ Approved

_____ Denied, Reason: _____

Freedom of Information Coordinator

Date