



Freedom of Information Request Form

Date of Request: _____

Name: _____ Phone Number: _____

Address: _____

I request the following documents to:

_____ Visually Inspect

_____ Receive Photocopy at the cost of .10 each page
plus \$_____ Hour assembling request cost.

_____ Copy by Hand

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, 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 1/2 of the estimated fee.

For Village use only

_____ Approved

_____ Denied. Reason _____

Freedom of Information Officer

_____ ¹

Date

¹ Forms, Freedom of Information Request Form, June 19, 2008