

**FREEDOM OF INFORMATION REQUEST FORM**

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



I request:

\_\_\_\_\_ Visually Inspection

\_\_\_\_\_ Receive Photocopy(s)

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