FREEDOM OF INFORMATION REQUEST FORM

Name: _____ Phone Number: _____

Address: _____

I request to: _____ Visually Inspect
_____ Receive Photocopy
_____ Copy by Hand

I wish to receive the following information, specifically:

_____

_____

_____

_____

_____

_____

_____

_____

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 P.A. 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 ½ of the estimated fee.

FOR VILLAGE USE ONLY

___ APPROVED

___ DENIED

_____ _____
FREEDOM OF INFORMATION OFFICER DATE