

REQUEST FOR DISCLOSURE OF PUBLIC RECORD

Name: _____

Address: _____

Telephone: _____

E- mail: _____

Date of Request: _____

Nature of request and description of public records sought: (be very specific). If more room needed use the back of this page.

Copies will be furnished at 25 cents per page (black & white) – if the copy is in color it will be 35 cents per page; the cost of postage, and the cost of time spent making the copies. If copies of maps or larger items need to be made the cost of the material will be included in the final cost of this request. A large request may require a non – refundable deposit. Fees must be paid prior to receiving the information requested.

I agree that the public body has a period of 5 business days to respond to my request and may issue a notice of extension of the request for not more than 10 additional business days.

Signature

Date

Please return to:

jhord@villageofwebberville.com

115 S. Main St.

P.O. Box 389

Webberville, MI 48892

517-521-3984

For Office Use Only:

Date received: _____ Time Received: _____ Received by: _____

_____ Mail _____ Email _____ Counter _____ Fax

Estimated Amount of F.O.I. A.: _____

Estimated date & time for pick up: _____

Deposit Amount: _____

__ Check __ Cash __ Money Order _____ Other

Final Cost of F.O.I.A.: _____

__ Check __ Cash __ Money Order _____ Other

Filled by: _____

Date request filled: _____

Request material picked up by: _____

I verify that the information listed as filled is what has been [aid for and picked up by

Signature: _____

List of items the Village has provided (If more room needed add on the back of this sheet):
