



## Request for Disclosure of Public Record

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

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.

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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](mailto:jhord@villageofwebberville.com)  
115 S. Main St  
Po 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: \_\_\_\_\_

Filled By: \_\_\_\_\_

Date Request Filled: \_\_\_\_\_

Request Material Picked up by: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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