



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.

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:

jkuch@webbvill.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): _____
