



REQUEST FOR PUBLIC RECORDS

Michigan Freedom of Information Act

No. _____

Name		Company
Address		Daytime Phone
City		Email
State	Zip code	Fax Number

THE FOLLOWING PUBLIC INFORMATION RECORDS ARE REQUESTED UNDER THE FREEDOM OF INFORMATION ACT: (PLEASE BE SPECIFIC AS POSSIBLE).

Delivery Method: () Pick up () Mail () Email () Fax () Schedule appointment to inspect record(s).

Please check if you would like () the record(s) on digital media
 () certified copy of record(s)

() I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code. 1974 PA 258, MCL 330.1931 (**Must fill out Waiver of Costs form**)

() I am submitting an affidavit and requesting that I receive the discount for indigence (**Must fill out Affidavit of Indigency**)

The Village will charge a fee for copies of public records as permitted by the Freedom of Information Act. If the estimated fee exceeds \$50.00, a deposit of up to one half (1/2) the total fee may be required. The Village, under the law, has five (5) business days to respond to this request and may issue a notice extending the time for ten (10) additional business days.

Signature	Date
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THE VILLAGE OF LAKE ORION FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT WWW.LAKEORION.ORG



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No. _____

TO BE COMPLETED BY VILLAGE STAFF

DATE RECEIVED _____ STAFF MEMBER _____

Check if received via: () Email () Fax () Other Electronic Method

Date delivered to junk/spam folder: _____

Date discovered in junk/spam folder: _____

5-DAY DEADLINE _____ 10-DAY EXTENSION _____ COMPLETED: _____