



# 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](http://WWW.LAKEORION.ORG)

• 21 E. Church Street • Lake Orion, MI 48362 • 248-693-8391 •  
 Fax 248-693-5874 • Email Request To: [VILLAGEADMIN@LAKEORION.US](mailto:VILLAGEADMIN@LAKEORION.US)



# REQUEST FOR PUBLIC RECORDS

Michigan Freedom of Information Act

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: \_\_\_\_\_