



VILLAGE OF GRASS LAKE
 119 N. LAKE STREET
 GRASS LAKE, MI 49240
 Office (517) 522-4550 Fax (517) 522-8120

FREEDOM OF INFORMATION REQUEST

Requested by:

Name: _____

Company Name: _____

Address: _____

Phone: _____

Please list below the information requested under the Freedom of Information Act, indicating whether this is a request to ***visually inspect*** or to ***receive a copy*** of the records. Please provide a detailed and specific request – general requests cannot be fulfilled.

By signing this document, I understand that the Village of Grass Lake may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating, and deleting exempt information. The fee for processing this request is the pay rate of the lowest paid employee capable of filling this request, plus \$0.25 per copy.

I also understand the Village of Grass Lake must respond to my request within five (5) business days, starting the day following receipt of the request. The Village of Grass Lake must grant or deny all or a portion of my request, and/or issue a notice of extension for an additional ten (10) business days. The Village of Grass Lake may also request a good faith deposit from the person requesting the public records, if the estimated fee will exceed \$50.00. The deposit will not exceed 1/2 of the estimated fee.

Signature of Requester: _____

For Office Use: Date and Time received: _____

Approved Denied Approved in Part Denied in Part

Date and time requester was contacted regarding FOIA pick-up: _____

Date picked up or mailed: _____ Cost assessed: _____