



21 N. Elm Street
Three Oaks, MI
269-756-9221
www.threeoaksvillage.org

FREEDOM OF INFORMATION ACT REQUEST FORM

Requester's Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Description of requested records (be as specific as possible):

Reason for request:

Please indicate if you wish to inspect the above captioned records or desire a copy of them. If you select copy, please indicate whether you wish to pick up your copy or have it mailed (note mailing will incur extra charges for postage):

<input type="checkbox"/> Inspection	- or -	<input type="checkbox"/> Copy	<input type="checkbox"/> Pick-up	- or -	<input type="checkbox"/> Mail
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The Village of Three Oaks established procedures, guidelines and fees in accordance with and pursuant to the provisions of the PA 442 of 1976. These fees include, but are not necessarily limited to, the actual cost of labor incurred in the examination, review, separation and deletion, supplies, duplication and mailing of non-exempt public records in response to requests for copies.

By my signature, I consent to the following: Pay all costs incurred for search, duplication and review of materials

Signature of Requestor: _____

THE VILLAGE OF THREE OAKS HAS (5) BUSINESS DAYS TO RESPOND TO YOUR REQUEST.
(FOR OFFICE USE ONLY)

Date request received: _____ Date response due: _____

Date completed or denied: _____ Paid: _____

Signature of FOIA Coordinator: _____ Date: _____