



FREEDOM OF INFORMATION ACT (FOIA) REQUEST

In order to comply with FOIA Law MCL 15.233, this information is required to complete the FOIA request.

Requester's Name: _____

Requester's Address: _____

City, State, Zip: _____

Telephone No.: _____ Fax No.: _____

I request that a copy of the following (or documents containing the following information) be provided to me. (Please be specific.)

I would like to receive this information via: Mail Electronically Fax Pick up in person

In order to help to determine my status to assess fees, you should know that I am:

A representative of the news media affiliated with _____ and this request is made as part of a news gathering and not for commercial use.

Affiliated with an educational or noncommercial scientific institution and this request is made for a scholarly or scientific purpose and not for commercial use.

An individual seeking information for personal use and not for commercial use.

Affiliated with a private corporation and am seeking information for use in our company's business.
(Name of Company: _____)

Other (Please explain: _____)

I am willing to pay fees for this request up to a maximum of _____. If you estimate that the fees will exceed this limit, please inform me first.

I request a waiver of all fees for this request. Disclosure of requested information to me is in the public interest because it is significant to public understanding of the operations or activities of the school district and is not primarily in my commercial interest.

Requester's Signature: _____ Date: _____

Human Resources Use Only

Date Received in Human Resources: _____

Due Date: _____ Extension Requested (Y/N): _____ New Due Date: _____

Request is approved. Processed & completed on _____

Request is not approved. Reason: _____

HR Department Representative: _____ Date: _____