

PROCEDURES

Freedom of Information Act (FOIA) Summary

Freedom of Information Act Form

You are not required to make this request in writing or to provide your name and address, however, your cooperation in filling out this form would be appreciated and will assist us in expediting your request.

Requesting Person's Name: _____

Address: _____

City/State/Zip: _____

Phone (s) _____

Date of Request: _____

Title of record desired (if you do not know the title, please describe with as much detail as possible the particular record you desire):

NOTICE: Under the Michigan Freedom of Information Act (1976 P.A. 442) the School District is not required to summarize, make, or compile a record for you, but only to permit you to inspect or receive a copy of a record which it possesses and which is already in existence. If you are looking for certain information but do not know the exact record that you want, please consult with the Superintendent's Office who may be able to help you.

I agree to waive the five day (5) requirement for response to this request and will allow the School District up to thirty (30) days if needed to comply with this request for public records. (You are not required to sign this waiver.)

Signed: _____ Date _____