

FREEDOM OF INFORMATION ACT REQUEST FORM

Please review the District's Freedom of Information Act Policy and the Summary located at www.richmond.k12.mi.us.

Name		Telephone Number	
Firm/Organizations		Fax	
Address	City	State	Zip Code
Email address			

Requests for public records should be submitted to the District at 35276 Division, Richmond, MI 48062.

Describe the public record(s) you are requesting as specifically as possible. You may use this form or attach additional sheets:

Requesting: Copies On-Site Inspection Subscription to a record issued on regular basis
Delivery Method: Will pick up Will inspect onsite Mail to address above
 Email to address above Other: _____

Note: The District is not required to provide records in a digital format or on digital media if the District does not already have the technological capability to do so.

I AGREE TO THE FOLLOWING:

- All or some of the records I am requesting may be available on the District's website. I will pay the applicable additional charge (if any) for the District to provide me with copies of those records.
- I will pay the extra cost for single-sided copies.
- I agree to pay the extra cost for employee overtime to fill this request more expediently.
- I prefer to obtain the requested records for a pre-set fee established for providing a District service rather than go through the FOIA process. I understand this fee will be \$_____.
- I understand that this request may take longer than the time allowed under state law. Therefore, I have agreed that the deadline for filling this request will be extended to: _____.

Signature: _____ **Date:** _____

INTERNAL USE ONLY

Request Identifier and Date Received: _____

First Discovered in Junk/Spam Folder: n/a _____ by _____ (initials)
Date