REQUEST FOR PUBLIC RECORD
Michigan Freedom of Information Act
Village of Lawrence

PLEASE PRINT OR TYPE:

<table>
<thead>
<tr>
<th>Name:</th>
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<td>Firm/Organization:</td>
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Describe the public record(s) as specifically as possible:

________________________________________________________________________
________________________________________________________________________
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DELIVERY METHOD: □ Pick up □ Mail □ Email □ Fax □ Schedule appointment to inspect
Please check if you would like □ the record(s) on digital media □ certified copy of record(s)

__________________________                  _____________________________
Date                                      Requestor’s Signature

□ I am a designated agent for the nonprofit organization making this FOIA request. This request
is made directly on behalf of the organization or its clients and is made for a reason wholly
consistent with the mission and provisions of those laws under Section 931 of the Mental Health
Code, 1974 PA 258, MCL 330.1931. (Must fill our Waiver of Costs)

□ I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill
out Affidavit of Indigency)

THE VILLAGE OF LAWRENCE FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC
SUMMARY ARE AVAILABLE AT WWW.LAWRENCEMI.ORG

TO BE COMPLETED BY STAFF

Dated Received: ___________________                      Staff Member: ___________________

Check if received via: □ Email □ Fax □ Other Electronic Method