

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

PLEASE PRINT OR TYPE:

Name:	Phone:
Firm/Organization:	Fax:
Street:	
City:	State: Zip:
Email:	

Describe the public record(s) as specifically as possible:

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