



VILLAGE OF  
GROSSE POINTE  
SHORES

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FREEDOM OF INFORMATION ACT REQUEST FORM

Requester's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of requested records (be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you wish to inspect the above captioned records or desire a copy of them. If you select copy, please indicate whether you wish to pick up your copy or have it mailed (note mailing will incur extra charges for postage):

Inspection    or     Copy             Pick-up    or     Mail

The Village of Grosse Pointe Shores, A Michigan City procedures and fees are in accordance with and pursuant to the provisions of the PA 442 of 1976. These fees include, but are not necessarily limited to, the actual cost of labor incurred in the examination, review, separation and deletion, supplies, duplication and mailing of non-exempt public records in response to requests for copies.

*By my signature, I consent to the following:* Pay all costs incurred for search, duplication and review of materials

Signature of Requestor: \_\_\_\_\_

**THE VILLAGE OF GROSSE POINTE SHORES, A MICHIGAN CITY HAS (5) BUSINESS DAYS TO RESPOND TO YOUR REQUEST.**

**(FOR OFFICE USE ONLY)**

Date request received: \_\_\_\_\_ Date response due: \_\_\_\_\_

Date completed or denied: \_\_\_\_\_ Paid: \_\_\_\_\_

Signature of FOIA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_