

**Village of Lakeview
315 S. Lincoln Avenue
Lakeview, MI 48850
(989)-352-6322
(989)-352-6378 (Fax)**

REQUEST FOR COPIES OF PUBLIC RECORDS

TO THE VILLAGE OF LAKEVIEW, MICHIGAN:

I HEREBY REQUEST COPY/COPIES OF PUBLIC RECORDS, AS FOLLOWS:

Number of Copies	Description of Public Record:

PLEASE PROVIDE MY REQUEST IN THE FOLLOWING FORMAT:

Paper Copies _____ **CD** _____ **Email** _____ **Review Documents in Village Office** _____

Name: _____ *Date:* _____

Address: _____

City: _____ *State:* _____ *Zip Code* _____

Phone Number: _____ *Email:* _____

Applicant Signature: _____ *Date:* _____

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Lakeview, MI 48850
(989)-352-6322
(989)-352-6378 (Fax)
Village Use Only

Date Received: _____ **Staff Initials:** _____ **Receipt#:** _____

The requested documents have been reviewed and are appropriate for release under the guidelines of the Michigan Freedom of Information Act, except for the following records:

Number of Copies	Description of Public Record:

Reason access was denied to the listed above (specifically applicable sections from the Michigan Freedom of Information Act): _____

_____ The records requested were *presented* for inspection* to the applicant on: _____

_____ The records requested were copied and presented to the applicant on: _____

FOIA Administrator's Signature: _____ Date: _____

* Documents will be presented to applicant either in person, mail, Email, facsimile. If records are requested on non-paper physical media, the Village will comply with the request only if it possesses the necessary technological capabilities.