



# VILLAGE OF MANCHESTER

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MANCHESTER, MI 48158  
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## FREEDOM OF INFORMATION ACT REQUEST FOR INFORMATION

Application Date: \_\_\_\_\_

Request #: \_\_\_\_\_

### APPLICANT IDENTIFICATION:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

### INFORMATION IDENTIFICATION:

Description of Information Per this Request (include attachment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **For Office Use Only:**

Class of Information:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Revisions Required
	<input type="checkbox"/> Indigent	<input type="checkbox"/> Fee Waived	<input type="checkbox"/> Deposit Required
			<input type="checkbox"/> Subscription

Time allotted to satisfy request: \_\_\_\_\_ hrs x \$ \_\_\_\_\_ /hr = \$ \_\_\_\_\_

Number of copied pages: \_\_\_\_\_ x \$ \_\_\_\_\_.10 /page = \$ \_\_\_\_\_

Postage (if applicable): \$ \_\_\_\_\_

(Less Deposit) - \$ \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

Has applicant been given a copy of Village Policy (Circle one): Yes No N/A

Fee Received: Date: \_\_\_\_\_ By: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Village Agent

\_\_\_\_\_  
Date Information was Transferred