

FREEDOM OF INFORMATION ACT REQUEST FORM

Please review the District's Freedom of Information Act Policy and the Summary located at www.madisondistrict.org

Name _____ Telephone Number _____

Firm/Organizations _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email address _____

Requests for public records should be submitted to the District at 26550 John R Road, Madison Heights, MI 48071

Describe the public record(s) you are requesting as specifically as possible. You may use this form or attach additional sheets:

Requesting: Copies On-Site Inspection Subscription to a record issued on regular basis
Delivery Method: Will pick up Will inspect onsite Mail to address above
 Email to address above Other: _____

Note: The District is not required to provide records in a digital format or on digital media if the District does not already have the technological capability to do so.

I AGREE TO THE FOLLOWING:

- All or some of the records I am requesting may be available on the District's website. I will pay the applicable additional charge (if any) for the District to provide me with copies of those records.
- I will pay the extra cost for single-sided copies.
- I agree to pay the extra cost for employee overtime to fill this request more expediently.
- I prefer to obtain the requested records for a pre-set fee established for providing a District service rather than go through the FOIA process. I understand this fee will be \$_____.
- I understand that this request may take longer than the time allowed under state law. Therefore, I have agreed that the deadline for filling this request will be extended to: _____.

Signature: _____ **Date:** _____

INTERNAL USE ONLY

Date Received: _____

Due Date: _____