

VILLAGE OF LEXINGTON, MICHIGAN  
FREEDOM OF INFORMATION REQUEST

TO: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_

Description of public records requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of request (check one below):

- \_\_\_\_\_ Please provide a copy of the requested public records.
- \_\_\_\_\_ Please provide a certified copy of the requested public records.
- \_\_\_\_\_ Please allow me an opportunity to inspect the requested public records prior to copying.

Payment (check one below):

- \_\_\_\_\_ I understand that the public body may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.
- \_\_\_\_\_ Attached is an affidavit of indigence. Please furnish me the requested public records without charge for the first \$20.00 of the required fee.

I agree that the public body may respond to my request by the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.  
This form is supplied in accordance with the Freedom of Information Act #442 of 1976.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

*7227 HURON AVE., STE. 100, LEXINGTON, MI, 48450 (810) 359-8631*

*KMC 030308*