

VILLAGE OF FIFE LAKE
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Freedom of Information Act Request Form

PLEASE PRINT OR TYPE:

Name:	phone:	
Firm/Organization:	Fax:	
Address		
City	State:	Zip
Email:		

Describe the public record(s) as specifically as possible:

DELIVERY METHOD: Pick up Mail Email Fax Schedule appointment to inspect record(s)

Please check if you would like the record(s) on digital media Please check to receive certified copies

Date

Requestor's Signature

I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health code, 1974 PA 258, MCL 330.1931. (Must fill out Waiver of costs)

I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill out Affidavit of Indigence)

TO BE COMPLETED BY VILLAGE STAFF

Date Received: _____

Staff Member: _____