

**VILLAGE OF BALDWIN, MICHIGAN  
FREEDOM OF INFORMATION ACT**

**REQUEST FOR PUBLIC RECORD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

PUBLIC RECORD REQUESTED (must be described in sufficient detail to allow Village to identify the record requested):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may pick up a copy of the record at the Village Clerk's Office, have a copy mailed to you, or come to the Clerk's Office to inspect and/or copy the record. If you want to inspect the record at the Clerk's Office and have special needs, we will call you to discuss your needs to ensure that arrangements for special needs or reasonable facilities are available to you. Some public records are not subject to disclosure under the Freedom of Information Act, and we will let you know if the record you request is one of these "exempt" records.

- I will pick up the record.       Please mail record to me.       The record must be certified.  
 I will inspect record at your offices.       I have special needs.

Requests are subject to fees, including labor, copying, and mailing costs. **No labor fees** will be charged unless failure to charge would result in unreasonably high costs to the Village and we specifically identify the nature of there unreasonably high costs. **No fees** will be charged if responding to your request benefits the general public. If you believe that responding to your requests benefits the general public, please tell us why below.

\_\_\_\_\_  
\_\_\_\_\_

No fees will be charged for the first \$20.00 costs of responding to a request made by a person receiving any form of public assistance or any person who otherwise states facts showing they are unable to pay based on low income. An affidavit is required for this exemption from fees, and we can provide you with a form affidavit to complete and return to us.

Please send me a form affidavit to claim this exemption from fees up to \$20.00

We will respond within 5 business days of receipt of your request unless you waive this time limitation. Will you waive the 5-day response period?    Yes       No

\_\_\_\_\_  
Signature of person requesting public record

\_\_\_\_\_  
Date