

**Village of Ortonville  
Request for Public Record Form  
(FOIA Request)**

476 Mill Street, P.O. Box 928, Ortonville MI 48462  
248-6274976 Fax: 248-6274677  
www.ortonvillevillage.com

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\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Home and Mailing Address**

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

**Telephone Number**

@ \_\_\_\_\_

**Email address**

**1. State the name or provide a description of the public record you are requesting:**

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

**2. Regarding the document of interest, do you**

\_\_\_\_ want a copy or \_\_\_\_ just want to look at it

\_\_\_\_\_  
**Signature of requesting individual**

\_\_\_\_\_  
**Date**

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**TO BE COMPLETED BY VILLAGE STAFF**

**Granted:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Partially Granted:** \_\_\_\_\_

**Reason for denial or partial granting of request:** \_\_\_\_\_

**Cost assessment:**

**Mailing** \$ \_\_\_\_\_

**Labor**  
(to nearest ¼ hr, rounded down) \$ \_\_\_\_\_

**Copy charges**  
(# of pages @ 10¢ per page) \$ \_\_\_\_\_

**Other** \_\_\_\_\_ \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

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

\_\_\_\_\_  
**Staff person receiving request**