

**VILLAGE OF DEXTER  
FREEDOM OF INFORMATION REQUEST FORM**

Requested by: \_\_\_\_\_  
(Name)

\_\_\_\_\_

(Company Name)

\_\_\_\_\_

(Address) (City, State, Zip)

\_\_\_\_\_

(Telephone)

The following information is requested under the Freedom of Information Act: *(Print Clearly)*  
Please indicate whether this is a request to visually inspect or receive a copy of the records  
**(Provide a Detailed/Specific Request – General Requests cannot be fulfilled)**

- 1) \_\_\_\_\_
- \_\_\_\_\_
- 2) \_\_\_\_\_
- \_\_\_\_\_
- 3) \_\_\_\_\_
- \_\_\_\_\_
- 4) \_\_\_\_\_

(If you need additional space, please continue on the back of this form)

By signing this document, I understand that the Village of Dexter 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. The fee for processing this request is \$0.25 per copy.

I also understand the Village must respond to my request within five (5) business days, starting the day following receipt of request. The Village must grant or deny all or a portion of my request, and/or issue a notice of extension for an additional (10) business days. The Village may also request a good faith deposit from the person requesting the public record or series of public records, if the estimated fee will exceed \$50.00. The deposit will not exceed 1/2 of the estimated fee.

Signature of Requestor: \_\_\_\_\_

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(office use only)

Date and Time Received: \_\_\_\_\_

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied    \_\_\_\_\_ Approved in Part    \_\_\_\_\_ Denied in Part

Date and Time requestor was contacted regarding FOIA pick-up: \_\_\_\_\_

Date Picked Up/Mailed: \_\_\_\_\_    Cost Assessed: \_\_\_\_\_