

TODAY'S DATE: _____

TO: FOIA Coordinator
Lakeview School District
15 Arbor Street
Battle Creek, MI 49015

RE: FOIA Request

Dear FOIA Coordinator:

Under provisions of the Michigan Freedom of Information Act (MCLA 15.231 et seq; MSA 4.1801 (1) et seq) I am requesting: ***(please include a specific, detailed description of the information you are seeking, including names, dates, subjects, etc.)***

I understand that the Lakeview School District has five (5) business days to either provide the requested information, provide an explanation why the records cannot be disclosed, or request an extension of up to ten (10) business days for the request as allowed under MCL 15.235(2)(d).

I also understand that fees may be assessed for the retrieval and/or copying of these records. If fees to comply with this request exceed \$10, please contact me at:

Sincerely,

Signature

Printed Name: _____

Full Address: _____

Phone Number(s): _____

Email Address: _____