



CITY OF GRAND LEDGE Established 1893

City of the Seven Islands

200 E. Jefferson
Grand Ledge, MI 48837

Phone (517) 627-2149
Fax (517) 627-9796

Freedom of Information Act Request Form

For Office Use

Received

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Description of documents and/or information requested (Describe the document(s) your are requesting as specifically as possible, including any names, places, dates, and/or subject. Use back of sheet, if necessary)

I agree to pay a fee, not to exceed _____, incurred by the City in providing the above requested information. (The FOIA Coordinator will notify you if the cost exceeds this amount.)

Signature

Required Reviews

	Approve Request	Deny Request	Initials
<input type="checkbox"/> City Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Police Chief	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition

	Date	Initials
<input type="checkbox"/> Supplied	_____	_____
<input type="checkbox"/> Extended	_____	_____
<input type="checkbox"/> Denied	_____	_____
