

**FREEDOM OF INFORMATION ACT
REQUEST FOR PUBLIC RECORD
VILLAGE OF MAPLE RAPIDS**

FOIA # _____

Date of Request: _____, 20____ Day: _____ Time: _____

Request Taken By: _____ (Village Personnel)

Requested By: _____
(Name) (Type of Identification)

(Address)

(City) (State) (Zip) (Telephone Number)

Where you can be reached other than above: _____

Nature of Request and/or Description of Public Records Sought: _____

Receive Copy Review, Inspect Copy Review, Original Document

I request a fee estimate to be provided within three (3) days, and agree that the FOIA Coordinator need no respond to my request until five (5) days after I receive the fee estimate.

I have examined the fee schedule. I agree to pay the reasonable charges for this request, and waive any right to a fee estimate. (Fee must be paid before receiving anything)

I agree that the FOIA Coordinator need not respond to my request until _____.

(Signature)

FOR OFFICE USE ONLY			
ESTIMATED COSTS		ACTUAL COSTS	
Copies ___ pages @ \$_____	_____	Copies ___ pages @ \$_____	_____
Cost of Labor for Duplicating, Searching & Reviewing	_____	Cost of Labor for Duplicating, Searching & Reviewing	_____
Cost of Labor for Monitoring	_____	Cost of Labor for Monitoring	_____
Mailing Costs	_____	Mailing Costs	_____
TOTAL COSTS	_____	TOTAL COSTS	_____
Deposit	_____	Indigent – no cost first \$20	_____
Balance Due	_____	Payment	_____
		Balance	_____

Payment Received From: _____ Date: _____

Amount of Payment: \$ _____