

**ATTACHMENT A  
SAMPLE FOIA REQUEST FORM**

[DATE]

Fruitport Community Schools  
Attention: FOIA Coordinator  
3255 E. Pontaluna Rd.  
Fruitport, MI 49415

*RE: FREEDOM OF INFORMATION ACT REQUEST*

Dear FOIA Coordinator:

I am writing to request, pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, [to inspect] [to copy] [to obtain copies of] the following public records”

[INSERT DESCRIPTION OF RECORDS SOUGHT]

**OPTIONAL:** Please provide a copy of the requested public records on [INSERT DESCRIPTION OF DESIRED NON-PAPER PHYSICAL MEDIUM, SUCH AS CD, FLASHDRIVE].

**OPTIONAL:** Please waive or reduce the fee to search for or furnish copies of the requested public records on grounds that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public records can be considered as primarily benefiting the general public.

**OPTIONAL:** Please furnish the requested records without charge for the first \$20.00 of the fee because (A) I am receiving public assistance [INSERT SPECIFIC DESCRIPTION] or am unable to pay the fee because of indigence; (B) I am not making this request in conjunction with outside parties in exchange for payment or other remuneration and (C) I have not previously received discounted copies of public records from the [DISTRICT][ISD][ACADEMY] twice during this same calendar year.

**OPTIONAL:** Please furnish the requested records without charge for the first \$20.00 of the fee because (A) this request is made directly on behalf of a nonprofit corporation formally designated by the State of Michigan to carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, and the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-319, or their successors, or on behalf of its clients; (B) this request is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931; and (C) this request is accompanied by documentation of designation by the state.

**OPTIONAL:** I am writing to request, pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.* to subscribe for up to six months of the following future issuances of public records created, issued, or disseminated by {DISTRICT}[ISD][ACADEMY] on a regular basis: [INSERT SPECIFIC DESCRIPTION].

Please contact me if you have any questions.

Sincerely,

[REQUESTOR NAME]  
[REQUESTOR ADDRESS]  
[REQUESTOR EMAIL]  
[REQUESTOR PHONE NUMBER]