



# Freedom of Information Act Request

Newaygo Administration Office  
 PO Box 885/1087 Newell Street  
 White Cloud, MI 49349  
 Phone: (231) 689-7234 Fax (231) 689-7205  
 Hours: Monday – Friday 8 a.m. to 5 p.m.

Office Use Only		
Date Received:		
Date Due:		
Extension	Release	Denied

Agency disclosure of information focuses on the citizen's right to be informed about internal workings of their government. Official information that sheds light on an agency's performance of its statutory duties fall squarely within the statutory purpose of the Freedom of Information Act (F.O.I.A.). Release of information about private citizens that is accumulated in various governmental files that reveals little or nothing about the agency's own conduct is not the intent of FOIA and will generally be redacted.  
 You will be charged the allowable fees under F.O.I.A.

## Requestor Information (please print)

Date Requested \_\_\_\_\_ Your phone number (include area code) \_\_\_\_\_

Requestor Name/Company \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Record Requested			
Complaint/Incident Report (report number if known)	Traffic Accident Report (report number if known)	911 Recording	Other

Name Referred to in Record: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Nature of Event (be specific): \_\_\_\_\_

I understand that the above information is subject to review by the Newaygo County FOIA Coordinator before it may be released to me. I understand that an extension of ten (10) business days may be requested in which to respond to my request and hereby agree to allow an extension of such time if needed to respond.

I further understand that F.O.I.A. allows a researching and processing fee and agree to pay such charges.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

Method of Access	
Mail to Requestor	Requestor will pick up
Mail to Requestor at: _____	
Other method of Delivery: _____	

Processed by \_\_\_\_\_ Date \_\_\_\_\_