

**REQUEST FOR DISCLOSURE OF PUBLIC RECORD**

Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Nature of request and description of public records sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies will be furnished at 25 cents per page, the cost of postage, and the cost of time spent making the copies.

I agree that the public body has a period of 10 days to respond to my request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: Village Clerk  
115 S. Main St.  
P.O. Box 389  
Webberville, MI 48892