

FREEDOM OF INFORMATION ACT REQUEST

Please review the District's Freedom of Information Act Policy and the Summary located at www.wcskids.net.

Requests for public records should be submitted to the FOIA Coordinator at 31300 Anita, Warren, MI 48093.

Rev. 07/01/15

Name	Phone
Name	FIIOTE
Firm/Organizat	ion Fax
Street	Email
City	State Zip
Describe the public record(s) you are requesting as specifically as possible. You may use this form or attach additional sheets:	
Requesting: □ Copies □ On-Site Inspection □ Subscription to a record issued on regular basis Delivery Method: □ Will pick up □ Will inspect onsite □ Mail to address above □ Email to address above	
Other:	rict is not required to provide records in a digital format or on digital media if the District does not already have the technological capability to do so.
I AGREE TO	THE FOLLOWING:
	or some of the records I am requesting may be available on the District's website. I will pay the applicable itional charge (if any) for the District to provide me with copies of those records.
□ I wil	I pay the extra cost for single-sided copies.
□ I ag	ree to pay the extra cost for employee overtime to fill this request more expediently.
	efer to obtain the requested records for a pre-set fee established for providing a District service rather go through the FOIA process. I understand this fee will be \$
	derstand that this request may take longer than the time allowed under state law. Therefore, I have sed that the deadline for filling this request will be extended to:
Signature:	Date:
	INTERNAL USE ONLY
Request Identifie	er and Date Received: by