

APPLICATION FOR ACCESS TO PUBLIC RECORDS

**UNDER PUBLIC ACT 442 OF 1976
[FREEDOM OF INFORMATION ACT]**

Date of request: _____

Description of materials requested:

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____

Address: _____

Telephone Number: _____

Request Approved:

Request Denied:

Cost of copying is ten cents per page or other charges as stated in proceduers.

Number of pages: ____ at .10 per page * = \$ _____ amount due.

Acknowledgement by Applicant:

I certify that I have received access to the public records of the Huron School District in accordance with my request.

Signature:

Date: