



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 _____ E-mail Address _____

Type of Record Requested

The public records you are requesting:

Complaint/Incident Report (report number if known)	Traffic Accident Report (report number if known)	911 Recording	Other
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Name Referred to in Record: _____

Date of Birth _____ Date of Event: _____

Location of Event: _____

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.

By submitting this FOIA request and signing below, I am agreeing to pay all of the costs and charges authorized under FOIA and established through the public entity's FOIA Procedures and Guidelines to which I may obtain a copy on request or access through the entity's website at: www.countyofnewaygo.com

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: