BOARD OF EDUCATION

ROMEO COMMUNITY SCHOOLS

316 North Main Street
Romeo Michigan 48065
586-752-0225

APPLICATION FOR ACCESS TO PUBLIC RECORD UNDER PUBLIC ACT 442 OF 1976 (FREEDOM OF INFORMATION ACT)

A. To Be Completed by Applicant:

1. Name _____
2. Address _____
3. Telephone Number _____
4. Description of Requested Record:
   a. Title of Record _____
   b. Date(s) _____
   c. Author _____
   d. Contents (be specific) _____
   e. Format (word, excel, etc._____
5. Request is to:
   _____ Inspect the Record
   _____ Receive a Copy of the Record _____CD _____Hardcopy _____ E-Mail

Applicant's Signature: _____Date _____

B. To Be Completed by School District Personnel:

1. Estimated Record Access Fee Charge $ _____
   NOTE: If estimated fee total exceeds $50, deposit of 50% of total fee is required.

2. Basis of Actual Fee Charge:
   a. Actual incremented copy cost _____ per page for _____pages = _____
   b. Other related direct costs (identify): _____ = _____

   TOTAL FEE CHARGE _____

3. Request Denied:
   Denial is _____ Total _____Partial
   Record is exempt under Public Act 442, Section 13 _____
   Record is exempt under Public Act 130 _____
   Record as certified does not exist _____

_____ _____
Signature of F.O.I.A. Coordinator Date

C. Acknowledgement by Applicant:
I certify that I have received access to the public records of the Romeo Community School District.

_____ _____
Signature of Applicant Date

(10-21-13)