

VILLAGE OF BROOKLYN
FREEDOM OF INFORMATION REQUEST

REQUESTED BY: _____
(Please print legibly)

Date of Request: _____

Address _____

TELEPHONE (____) _____

EMAIL _____

Description of public records requested:

Nature of request (check one below):

- _____ Please provide a copy of the requested public records.
- _____ Please provide a certified copy of the requested public records.
- _____ Please allow me an opportunity to inspect the requested public records prior to copying.

Payment (check one below):

- _____ I understand that the public body may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.
- _____ Attached is an affidavit of indigence. Please provide me with the requested public records without charge for the first \$20.00 of the required fee.

The Village will respond within 5 business days of this request.
This form is supplied in accordance with the Freedom of Information Act #442 of 1976.

(Date)

(Signature)