



Village Of Millington

Freedom of Information Request Form

Date of Request: _____ Date of Response: _____

Name: _____ Signature of Official: _____

Address: _____

Phone #: _____

Signature of Requester: _____

Requested from the Village of Millington

Please List the Public Records you are Requesting:

Please Circle One:

Copy

Inspection

Other

If other, please describe: _____

_____ 1. Because of unusual circumstances, this public body requires an additional 10 business days to respond to your request.

_____ 2. This is a certification that the following records do not exist under the name given by the requester: _____

_____ 3. The following records you requested are exempt for the reason given: _____

_____ 4. Your request is granted for (all / all other) records you requested.

_____ Copies of those records are attached.

_____ A fee shall not be charged for the cost of time spend unless the custodian of the records expended in excess of ten minutes, at which time an hourly rate of **\$10.00** will be charged. To mail the requested information, and envelope charge of \$0.15 will be charged in addition to the cost of postage. Duplication is \$0.25 single page and \$0.50 double page for 8 1/2" x 11" paper, \$0.50 single page and \$1.00 double page for 8 1/2" x 14", and \$1.00 single page and \$2.00 double page for 11" x 17".

_____ We will copy these records after you have paid a deposit of \$ _____, which is one-half of the copying charge of \$ _____, which must be paid in full before you are able to get the requested records.

_____ You may inspect the records at this office on _____, at _____ . You may order copies of these records after inspection.