

**SOUTHEASTERN LIVINGSTON COUNTY RECREATION AUTHORITY  
FREEDOM IF INFORMATION (FOIA) REQUEST FORM**

<b>*Name</b>	<b>*Phone</b>
<b>Organization</b>	<b>Fax</b>
<b>*Street</b>	<b>*Email</b>
<b>*City</b>	<b>*State/Zip</b>

**\*All areas are mandatory**

**TO: MICHAEL POWERS, DIRECTOR, FOIA COORDINATOR**

Under the Freedom of Information Act, I am hereby requesting the following records:

I understand that the public body (SELCRA) shall respond within 5 business days after receipt of this request in accordance with FOIA, Public Act 442 of 1976, Sec. 15.235 and the response may include a 10-day extension.

Visual Inspection     Copies     Non-Paper Media\*     Email     Mail     Fax

\*Non paper media requests will be transferred to SELCRA provided flash drives unless otherwise requested and provided that SELCRA has the technology to do so.

*Office use only:*

**DATE RECEIVED:** \_\_\_\_\_      **Received via:**  Fax\*     Email\*     Junk/Spam\*

\*A request received via fax, email or other electronic submission is not received by the public body until 1 business day after the electronic transmission is made. (FOIA, Public Act 442 of 1976, Sec. 15.235)

**DATE DUE:** \_\_\_\_\_    **Extended:** \_\_\_\_\_    **REVISED DUE DATE:** \_\_\_\_\_

**ROUTED TO:** \_\_\_\_\_

**MATERIALS PROVIDED:**     Copies     flash drive     uploaded to Website

SELCRA Webpage Address: [www.selcra.com](http://www.selcra.com)

A detailed Itemization Form is required for all FOIA's. Please attach the form to this sheet when returning to the SELCRA office. If the estimate exceeds \$50.00, a 50% deposit in the form of cash or check is required (no debit or credit cards) in accordance with SELCRA policy prior to filling the request.

**TOTAL FEE:**    \$ \_\_\_\_\_      **DEPOSIT AMOUNT:**    \$ \_\_\_\_\_

**AMOUNT DUE:** \$ \_\_\_\_\_      **DEPOSIT RECEIVED:**    \$ \_\_\_\_\_

Granted     Granted in part     Denied      **DATE NOTIFIED:**    \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_