

SAMPLE FOIA REQUEST FORM

June 16, 2015

Paul Soma, Superintendent  
Traverse City Area Public Schools  
412 Webster Street  
Traverse City, MI 49686  
Email: GuitarCh@tcaps.net or Fax: 231-933-1760

***Re: Freedom of Information Act Request***

Dear FOIA Coordinator:

I am writing to request, pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, [to inspect][to copy][to obtain copies of] the following public records:

[INSERT DESCRIPTION OF RECORDS SOUGHT]

**OPTIONAL:** Please provide a copy of the requested public records on [INSERT DESCRIPTION OF DESIRED NON-PAPER PHYSICAL MEDIUM, SUCH AS CD, FLASHDRIVE].

**OPTIONAL:** Please waive or reduce the fee to search for or furnish copies of the requested public records on grounds that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public records can be considered as primarily benefiting the general public.

**OPTIONAL:** Please furnished the requested records without charge for the first \$20.00 of the fee because (A) I am receiving public assistance [INSERT SPECIFIC DESCRIPTION] or am unable to pay the fee because of indigence; (B) I am not making this request in conjunction with outside parties in exchange for payment or other remuneration; and (C) I have not previously received discounted copies of public records from the Traverse City Area Public Schools twice during this same calendar year.

**OPTIONAL:** Please furnished the requested records without charge for the first \$20.00 of the fee because (A) this request is made directly on behalf of a nonprofit corporation formally designated by the State of Michigan to carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, and the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-319, or their successors, or on behalf of its clients; (B) this request is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931; and(C) this request is accompanied by documentation of designation by the state.

**OPTIONAL:** I am writing to request, pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.* to subscribe for up to six months to the following future issuances of public records created, issued, or disseminated by Traverse City Area Public Schools *on a regular basis*: [INSERT SPECIFIC DESCRIPTION].

Please contact me if you have any questions.

Sincerely,  
[REQUESTOR NAME]  
[REQUESTOR ADDRESS]  
[REQUESTOR EMAIL]  
[REQUESTOR PHONE NUMBER]

6/22/15  
10/10/16  
9/11/17