

**VILLAGE OF HOLLY  
FREEDOM OF INFORMATION REQUEST**

**REQUESTOR INFORMATION**

Date: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INFORMATION NEEDED TO SEARCH FOR RECORDS**

*Identify the documents, records or information you are searching for. Be as specific as possible.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Under the Freedom of Information Act, I am requesting the following documents for:**

**Review** (Appointment Required)

**Obtain a Copy**

Fees charged pursuant to Section V. Fees of the Village of Holly Freedom of Information Policy. I understand that I will be contacted if fees exceed \$50.00. A deposit will be required prior the request.

***By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$50.00***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**FORWARDED TO DEPT FOR SEARCH:**

Clerk     Building

Police     Fire

DPW

RETURNED ON: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Clerk/Treasurer, FOIA Coordinator