

LUCE COUNTY
MICHIGAN

REQUEST FOR INFORMATION
(FOIA FORM)

Date: _____

County Department or Office Request
Submitted to: _____

Requestor Information:

Name: _____

Address: _____

City: _____

State/Zip: _____

Telephone: _____

Email/Fax: _____

Please print a brief description of information desired:

The County may respond with an estimated fee or other appropriate response

Requestor's Acknowledgment:

☐

I hereby request a copy of the above information and agree to pay the charges. If the fee exceeds \$50.00, a deposit of ½ of the estimated fee will be required before response.

☐

I hereby request the above information, claim to be indigent ** and request a waiver of the first \$20.00 of the above charges.

Requestor's Signature

**Persons claiming to be indigent must submit an "Affidavit of Indigency" stating that they are receiving public assistance or facts showing the inability to pay the full cost.