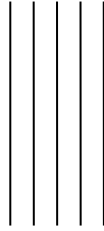




Village of Lakeview
315 S. LINCOLN AVENUE / P.O. BOX 30

LAKEVIEW, MICHIGAN 48850



MONTCALM COUNTY

OFFICE 989.352.6322

FAX 989.352.6378

FREEDOM OF INFORMATION ACT REQUEST

Pursuant to the Freedom of Information Act, I hereby request the following documents:

I understand that I may be charged a fee for such request and agree to pay all costs associated with said request.

Date: Signature:

I further understand that pursuant to the Freedom of Information Act, the Village has five business days to respond to the request and should the request entail extensive research, a 10 day extension may be requested.

Date: Signature: