

# VILLAGE OF HOLLY

## FREEDOM OF INFORMATION REQUEST

### REQUEST FOR INFORMATION

Freedom of information

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MATERIAL REQUEST FOR

(Please list the material requesting)

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fees charged pursuant to Section V. Fees of the Village of Holly Freedom of Information Policy

### OFFICE USE ONLY

Request filled \_\_\_\_\_

Number of Copies Run \_\_\_\_\_

25¢ per page

Charge \_\_\_\_\_

Called to Pick up \_\_\_\_\_

Response Letter Sent

Mailed \_\_\_\_\_

Date \_\_\_\_\_ yes \_\_\_ no \_\_\_

Notes or Comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date