

# Grand Haven Board of Light & Power

Freedom of Information Act Coordinator

1700 Eaton Drive

Grand Haven MI 49417

PHONE (616) 846-6250

FAX (616) 846-3114

## **REQUEST FOR DISCLOSURE OF RECORDS**

By Authority of the Michigan Freedom of Information Act 442, P.A. 1976, as amended

Requester's Name: \_\_\_\_\_

Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

I wish to ☐ examine ☐ receive a copy of the following materials:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby request a waiver or reduction in fees as provided in Section 4(2) of FOIA. because:

- ☐ I am indigent or receiving public assistance (signed statement of proof attached)
- ☐ I represent a nonprofit organization of the type described in Section 4(2)(b) of the FOIA.

I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explanation of my right to appeal.

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

Requests may be submitted by email to [CustomerService@ghblp.org](mailto:CustomerService@ghblp.org)