Public Records Request
Freedom of Information Act (FOIA)

Today’s Date____________________

Requestor
Name: ______________________________________________
Address___________________________________City_______________________State_____Zip_______
Phone__________________ Email______________________________________

Information Requested
Please describe specifically the document(s) you are requesting a copy of or requesting to review, providing as much detail as possible, so we may respond to your request appropriately.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Format Requested
(Note, if paper copies are requested for documents available online, fees for searching, locating, examining, and copying such records will apply.)
☐ Paper mailed to address above  ☐ Digital mailed to address
☐ Pick up  ☐ Other (please specify)

Requestor’s Signature ______________________ Date ________________

Office Use
Date Received___________________________ Required Response Date__________________________
(5 business days)

Extension Response Date__________________________
(10 additional business days)

Response
Response Type: □ 10-Day Extension  □ Estimate Provided
□ Clarification of Request  □ Requested Information Provided
□ Denial

Date Sent ______________________________________

Written FOIA requests should be sent to the Superintendent of Schools, Attention FOIA Coordinator at Grand Haven Area Public Schools, 1415 S. Beechtree Street, Grand Haven MI 49417. Requests can also be faxed to the office at 616.850.5010 or emailed to foia@ghaps.org