

Village of Port Dickinson

Request for Information or Records Under the Freedom of Information Law (FOIL)

Please note, the Village Clerk is the Foil Officer for the Village of Port Dickinson.

Name: _____ Date: _____
Address: _____ Phone: Day: _____
Evening: _____

• Nature of Request •

Specific record(s) sought: (check one) To View Only Copies Made (There is a fee for this service.)

I wish to examine the particular record(s) specified below:

Applicant Signature: _____

• Notice •

You have the right to appeal the decision of the Freedom of Information Officer whose decision will be in writing and will state the reason(s) for said action. Your request will be granted, denied or acknowledged within five (5) business days from the date of the last request.

A written appeal must be submitted to the Village of Port Dickinson Board of Trustees within thirty (30) days of the denial and must contain the following: The date and location of request for records; The records that were denied; and the name and return address of the applicant with signature.

• Disposition of Request •

Referred to: _____
(Mayor, Trustee(s), Village Attorney, Police Dept., Fire Dept. and/or DPW)

Approved; Village or Assist Village Clerk's Signature: _____
Records will be available by the end of business on: _____.
Document(s) provided (Ex: Complaint #): _____

Information provided by: _____ on: _____
(Name) (Date Information Provided)

Denied; for reason(s) checked: Confidential disclosure Part of investigation file(s)
 Unwarranted invasion of personal privacy Record of which this agency is custodian cannot be located. Record is not maintained by this agency Exempted by statute other than Freedom of Information Act. Records not maintained in this format.
 Other: _____

If denial, appeal must be received by: _____ and addressed to the Village of Port Dickinson Board.