

**APPLICATION FOR ACCESS TO PUBLIC RECORDS**

**UNDER PUBLIC ACT 442 OF 1976  
[FREEDOM OF INFORMATION ACT]**

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Date of request: \_\_\_\_\_

**Description of materials requested:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Request Approved:

Request Denied:

**Cost of copying is ten cents per page or other charges as stated in procedures.**

Number of pages: \_\_\_\_\_ at .10 per page \* = \$ \_\_\_\_\_ amount due.

**Acknowledgement by Applicant:**

I certify that I have received access to the public records of the Huron School District in accordance with my request.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: