

**REQUEST TO INSPECT AND/OR COPY RECORDS**

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

To: \_\_\_\_\_

*[FOIA Officer Name]*

[FOIA-Request@lakelandcollege.edu](mailto:FOIA-Request@lakelandcollege.edu)

*[Email Address]*

I hereby request to inspect  or receive copies\*  of the following records:  
*(Please describe requested records as specifically as possible, attaching additional pages if necessary.)*

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\* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose?  Yes  No

Are you requesting a waiver or reduction of copying fees?  Yes  No

If yes, what is the purpose of this request? \_\_\_\_\_

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\_\_\_\_\_  
Requester's (Printed) Name

\_\_\_\_\_  
Requester's Signature

*[Address]* \_\_\_\_\_

*[Phone Number]* \_\_\_\_\_

*[E-mail Address]* \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

\_\_\_\_\_  
DATE RECEIVED BY COLLEGE