

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

Millington Arbela District Library  
8530 Depot St  
PO Box 306  
Millington, MI 48746  
Fax: 989-871-5594  
[director@millingtonlibrary.info](mailto:director@millingtonlibrary.info)

Dear Margaret E. Olsen,

Pursuant to the Michigan Freedom of Information Act, this is a request for a copy of the following record(s):

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

Thank you for your prompt consideration of my request. If you have any questions, or if I can be of any assistance, please contact me.

You will be charged the following fees: \$0.10 per black and white page charge for copied records. The actual copying cost of color copies and other sized copies will be charged. There is a \$1.00 charge for each certification of records.

Sincerely,

\_\_\_\_\_  
*Signature*

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

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

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**OFFICE USE ONLY**

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

Staff Initials: \_\_\_\_\_

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

Staff Initials: \_\_\_\_\_