

Wayne County Board of Elections
FOIL Request
For Public Records

Request for Access to Public Records

Instructions: All persons submitting a request to access public records must complete the following:
*indicates a required field

*Name: _____

*Address: _____

*City: _____

*State: _____ *Zip: _____ *Phone: _____

*E-mail: _____

Does Applicant apply on own behalf? Yes No

If **No**, name and address of person or organization on whose behalf applicant is acting.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list records, determinations, minutes, rules or other documents you wish to examine or have copied. (\$.25 per page, prepaid)

Applicants Signature: _____

Date: _____

The Agency has 5 business days to reject or comply with this request.

There is a photocopying charge of \$.25 per page and must be prepaid by check made out to the Wayne County Board of Elections.

All returned checks are subject to a \$20.00 fee.

Cost \$ _____ Check # _____ Receipt # _____

BOE signature and Date: _____