## East Shore Leadership Academy FOIA Request for Public Records

Michigan Freedom of Information Act, MCL 15.231, et seq.

Request to:	
Receive Copy Inspect Record	Subscribe to record issued on a regular basis
Delivery Method (upon payment of balanc	e due):
Pick up Records in person Mail to Address below	
(Please print or type)	
Name:	Phone:
Firm/Organization:	Fax:
Street:	
City:	State/Zip:
Requestor's Signature:	Date:
Consent to Non-Statutory	Extension of School District's Response Time
pursuant to the Michigan Freedom of Info	bscription to records or the opportunity to inspect records; ormation Act, Public Act 442 of 1976, MCL 15.231, et seq. I rademy must respond to this request within 5 business days nclude taking a 10 business day extension. However, I hereby ademy's response time for this request
Pequestor's Signature:	Date: