



**Manistee Area Public Schools  
Central Office  
525 12th Street  
Manistee MI, 49660**

**Public Records Request**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

I wish a copy of the following record(s): (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to review the following record(s): (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will be contacted within five days, excluding weekends and holidays,  
as to when I may view these records.  
I also understand if I request a copy made of these records, the copies may be provided to me at cost.  
I further understand I am not allowed to remove any record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature Date

\*\*\*\*\*  
The records you wish to review and/or copy will be available be on \_\_\_\_\_ at  
the administration office.

\_\_\_\_\_  
Records Officer Date  
\*\*\*\*\*

RECEIPT/ACKNOWLEDGEMENT FORM  
I hereby acknowledge that I have been given copies of and/or have been permitted to review the public  
records requested above.

\_\_\_\_\_  
Signature Date