

**CRAWFORD COUNTY LIBRARY
Policy Manual**

Policy No. 409.2

Subject: Freedom of Information Act Form in Compliance with Act 442 of 1976

Date request received: _____

Date of response: _____

Records requested: _____

Name, address, telephone number of person making request:

Duplication costs: 25 cents per copy x _____ copies = \$ _____

Received by: _____

Signature

Date

ADOPTED: May 22, 2001

REVIEWED: October 13, 2011

REVISED: October 13, 2011