FREEDOM INFORMATION REQUEST

Attention: Andrea Schroeder, City Clerk

Requested by: _____ _____
(Name) (Phone Number)

_____
(Address) (City) (State) (Zip)

_____
(email address)

Request for (choose ONE): ___ Copy ___ Record Inspection

Delivery Method: (choose ONE): ___ Will Pick up ___ Will make own copies onsite
____ Mail to address above _____ Will review documents at City Hall _____ Email

Note: The City is not required to provide records in a digital format or on digital media if the City does not already have the technological capability to do so.

Description of public records requested (Attach additional sheets, if necessary):

_____
_____
_____
_____
_____
_____

Payment:
____ I understand that the public body may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.

I have requested a copy of records or the opportunity to inspect records to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand the City must respond to this request within five (5) business days after receiving it, and that the response may include taking a ten (10) business day extension.

_____ Consent to Non-Statutory Extension of City's Response Time: I hereby agree and stipulate to extend the City's response time for this request until _____ (month, day, year).
I agree that the City of Davison may respond to my request by the _____ day of _____.

_____ _____
(Date) (Signature)