CITY OF STANTON

225 S. CAMBURN STREET P. O. BOX 449
STANTON, MICHIGAN 48888
Phone – 989-831-4440 Fax – 989-831-5756 FOIA # _____

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request for: ☐ **Copy** ☐ **Certified copy** ☐ **Record inspection** ☐ **Subscription to record issued on regular basis**
Delivery Method (*upon payment of balance due*): ☐ **Pick up records in person** ☐ **Mail to address below**

(Please Print or Type)
Describe the public record(s) as specifically as possible:

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Requestor's Signature	Date

Consent to Non-Statutory Extension of City's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Act No. 442 of 1976, MCL 15.231, *et seq*. I understand that the City must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree to extend the City's response time for this request until: ____ (*month, day, year*) _____.

Requestor's Signature	Date