

CITY OF MOUNT CLEMENS
One Crocker Boulevard
Mount Clemens, Michigan 48043
(586) 469-6818

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Requested by: _____
(Name)

(Address)

(Phone)

Description of Public Records Requested:

Nature of Request (check one below):

Please provide a copy of the requested public record.

Please allow me an opportunity to inspect the requested public records prior to copying.

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

Signature

Date

PLEASE NOTE:

The fee for providing a copy of a public record is \$0.20/page. Additional fees including actual mailing costs and actual costs of duplication (documents, photographs, videotapes, and tape cassettes) and labor may also be charged.

If the total cost is expected to exceed \$50.00, a good faith deposit equal to one half of the estimated cost of such response shall be required at the time the request is received.

Copies of documents relating to litigation in which the City of Mount Clemens is a party are not subject to release under the Freedom of Information Act.