

## FOIA Request for Public Records- Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231 et seq.

Request to:  Receive hard copy record(s)  Inspect record(s)  
Delivery Method:  Pick up record  Mail record (address below)  Email record (address below)

Requestor Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Describe the record request in detail - include Incident Number (if known) (type or print):


SIGNATURE OF REQUESTOR \_\_\_\_\_ 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, Public Act 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) .

SIGNATURE OF REQUESTOR \_\_\_\_\_ DATE \_\_\_\_\_

