



**FOIA REQUEST FOR RECORDS**

By Authority of the Michigan Freedom of Information Act,  
P.A. 442 of 1976, as amended

202 SOUTH WATER ST ▪ OWOSSO, MICHIGAN 48867-2958 ▪ (989) 725-0580 ▪ FAX (989) 725-0528

Requester's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

**Request to:**     Examine                       Receive a copy of    the following materials:  
*(describe the record(s) as specifically as possible, attach additional sheets if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Materials:**             Paper copies                       Electronic copies

**Delivery Method:**                 Will pick up                       Will make own copies onsite  
    Mail to address above             Email to address above

**Fee Waiver:**

I hereby request a waiver or reduction in fees because:

- I am indigent or receiving public assistance as provided in Section 4(2)(a) of the FOIA  
*(signed statement attached)*
- I represent a nonprofit organization of the type described in Section 4(2)(b) of the FOIA  
*(written documentation of designation by the state may be requested by the City)*

I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explanation of my right to appeal.

**Signature of Requester** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

**Receipt:**

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Request No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date delivered to junk/spam folder: \_\_\_\_\_

Date discovered in junk/spam folder: \_\_\_\_\_

Received via:             In-Person  
                               Mail  
                               Email  
                               Fax  
                               Other Electronic Method \_\_\_\_\_

**Response:**

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Date of Response: \_\_\_\_\_

Type of Response:     Filled  
                               Denied  
                               Denied, in part  
                               Extension

**Extension:**

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Date of Notice of Extension: \_\_\_\_\_

Extension Expires: \_\_\_\_\_

**Appeal:**

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Date of Appeal: \_\_\_\_\_

Date of Notice of Extension on Appeal: \_\_\_\_\_

Extension Expires: \_\_\_\_\_

Result of Appeal:     Denial Upheld  
                               Denial Upheld, in part  
                               Denial Overturned

**Date of Completion:** \_\_\_\_\_

**Notes:**

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