

## CITY OF BROWN CITY

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## REQUEST FOR PUBLIC RECORD

FREEDOM OF INFORMATION ACT (FOIA)
Authority: MCL 15.231, et seq

A person desiring to inspect or receive a copy of a public record must give **WRITTEN REQUEST** for the public record to the FOIA coordinator. A written request may use this form, or by letter, note, facsimile, or electronic mail, but it is not considered to have been received by the FOIA coordinator until one business day after the electronic transmission is made. The City may charge for each copy made as well as the clerical time required to locate the documents and prepare the copies. Fees for copies are assessed at the rate of 10¢ per page and clerical time is generally charged at the rate of the lowest paid person that is capable of locating and organizing the information.

STATEMENT OF APPLICANT: I am requesting copies under FOIA. Based on the City of Brown City's approved FOIA policy, I understand that I may be required to pay a fee for the processing of my request. I understand the City must respond to my request within five (5) business days after it is received. The city must grant or deny all, or a portion of my request, or issue a notice extending for ten (10) business days, the period in which the city must respond to my request. I understand that I have the right to appeal any fees charged or any information denied or redacted by the FOIA Coordinator to the City Council.

| TELEPHONE:  | SIGNATURE:     | E-MAIL:   |
|---|----------------|---|
| PRINT NAME:   | DATE FILED     | :ADDRESS:   |
|   |                | CITY/STATE/ZIP  |
|   |                |   |
| [ple  | ease check one | e]  |
| Written filing (<br>Electronic filing (<br>Media filing (   | )<br>)<br>)    | Mail Results to address above ()<br>E-Mail Results to address above ()<br>Pick Up results at City Hall () |
| <b>DESCRIPTION OF PUBLIC RECORD(S) REQUESTED:</b> Describe in detail the information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could delay or prevent the City from providing the information: |                |   |
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