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)

Please provide specific information of all Public Records being requested. If the request is for records pertaining to more than one property address, please complete a separate Request Form for EACH address.
Description of Public Records Requested:

_____

_____

_____

_____

_____

_____

Nature of Request (check one): _____ 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 City will charge me a fee for the cost of searching, examining, reviewing, and copying information, as well as redacting exempt information. Fees will also be charged for paper copies, flash drives, computer discs and postage. Please refer to Statement of Costs for more information, and/or the City of Mount Clemens' FOIA Procedures and Guidelines, which are available on the City's website, www.cityofmountclemens.com.

_____ _____
Signature Date

PLEASE NOTE: 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.