

FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Document Requested: _____

Method of Access to Record:

- Mail to Requestor
- Give to Requestor at City Hall
- Inspect Copies at Gladwin City Hall
- Electronic Format

I understand that the Freedom of Information Act requires the public body to have a response in 5 business days, but may request an extension of 10 additional days if needed. I also understand that the public body may charge me a fee for copying, searching, reviewing, mailing, separating and deleting exempt material and an itemized billing will be provided.

SIGNATURE OF REQUESTOR

APPROVAL BY CITY HALL

FOR OFFICE USE ONLY

Person Receiving Request:

Date Request Received:

Action Taken:

Date Request Completed: