

CITY OF MANISTIQUE

Michigan Freedom of Information Act

Request for Public Records

Name of Requester/Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Type of Record Requested:

Name Referred to in Record: _____

Date of Birth: _____ Drivers License #: _____

Date of Event (Please be specific): _____

Location of Event (Please be Specific):

Specific Event to which Record Refers:

Method of Access Desired:

- Copies to be mailed (please list address if different from above):

- Copies to be faxed (please list fax number): _____

- Copies to be picked up and/or inspected at Manistique City Hall

Signature of Requester: _____ Date: _____

Note: Pursuant to the FOIA, there will be a charge for the preparation of records.

Please contact City Hall as to the charge.

City of Manistique Use Only:	
Date request Received: _____	Date Response Required: _____ (+5 business days)
Extension Requested: _____ Yes _____ No	
Notification response: Date: _____ Time: _____	Grant in Full: _____ Grant in part/deny: In Part _____ Deny: _____
Appeal received: _____	Appeal Response Required: _____ (+10 business days)
Appeal Response Sent: _____	Charge for Record: _____

Attach copy of request, Copy of response letter, copy of record(s) that were supplied. Copy of financial worksheet & receipt of any money received.