



CITY OF BUCHANAN
FREEDOM OF INFORMATION ACT
REQUEST FORM

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

PLEASE LIST THE PUBLIC RECORD(S) REQUESTED:

Please describe precisely the exact record or document that you are requesting. The City cannot respond to vague, unclear, illegible, or overly broad requests.

Three horizontal lines for describing the requested records.

Please indicate one of the following...

- I wish to inspect the document(s) at City Hall
I am requesting the document(s) be scanned and sent electronically to the email I have provided above
I am requesting photo copies (Please see copying fee below)

PLEASE NOTE: The City charges a \$.10 fee per page for copying records. Additionally, the City will charge a reasonable fee established at the "rate of the lowest paid City employee capable of doing the work" for the time required to retrieve, mail, duplicate, sort or review the requested information for any request (even if copies are not requested). If fees exceed \$50.00 you will be contacted, and a 50% deposit will be required.

MICHIGAN'S FREEDOM OF INFORMATION ACT - Public Act No. 442 of 1976 as amended.

Basic Intent: The Freedom of Information Act regulates and sets requirements for the disclosure of public records by all "public bodies" in the state. As soon as practical, but not more than five business days after receiving a request, the public body must respond to a request for a public record. The public agency can, under unusual circumstances, notify the requestor in writing and extend the time limit by ten business days.

CITY ACTION UPON REQUEST

FOR OFFICE USE ONLY

- Granted (See Attached Requested Documents) With Fee (See below)
Granted (See Attached Requested Documents) NO CHARGE
Denied (See Attached Denial Notice with Explanation)
Granted in Part/Denied in Part (See Attached Denial Notice with Explanation)
Extension Required (See Attached Extension Notice)

Request Number:

Date request received:

Fee required for fulfillment of request:

Number of copies @ \$.10 = \$
Total Time: hours minutes @ \$ per hour = \$
Mailing cost, if applicable: \$

TOTAL FEE: \$

( ) PAID ( ) UNPAID ( ) No Charge

Signature of City Official Date of Response