

**CITY OF ALLEN PARK
FREEDOM OF INFORMATION REQUEST FORM**

Requested by: _____
(Name)

(Company Name)

(Address) (City, State, Zip)

(Telephone) (E-mail Address)

The following information is requested under the Freedom of Information Act: *(Print Clearly)*
(Provide a Detailed/Specific Request – General Requests cannot be fulfilled)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

(If you need additional space, please continue on the back of this form)

By signing this document, I understand that the City of Allen Park may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information. The fee for processing this request is:

1 page to 5 pages - \$1.00 per page

5 pages and up - \$20.00 per hour plus \$.10 per page – (Audio/Video Duplication \$25)

I also understand a public body must respond to my request within five (5) business days, starting the day following receipt of request. The Public Body must grant or deny all or a portion of my request, and/or issue a notice of extension for an additional (10) business days. By signing this form I realize that this document becomes public record.

Collection of this information is authorized by 5 USC 552(a) and Act 442 of 1976 as amended. The information will be used to process your FOIA request. The information on this form may be disclosed to third parties in accordance with the provision of 5 USC 552(b). Completion of this form is voluntary; however, failure to provide the information requested may preclude the processing of your FOIA request.

___ In place of these deadlines, I agree to allow the public body a reasonable time to process my request

Signature of Requestor: _____

Send via: USPS City of Allen Park, 15915 Southfield, Allen Park, MI 48101, FAX 313-382-7946, Email mmizzi@cityoffallenpark.org

(Clerks Office use only)

Date and Time Received: _____

Date and Time requestor was contacted regarding FOIA pick-up: _____

Date Picked Up/Mailed: _____ Cost Assessed: _____