

Appendix "D"
FOIA-1

REQUEST FOR DISCLOSURE OF PUBLIC RECORD*

1. **Date of Request:** _____ **Time:** _____

2. **Information requested by:**

Name: _____

Address: _____

City, State, Zip: _____

Phone # where you can be reached: _____

3. **Nature of request and/or description of public records sought:** (Use reverse side of sheet if necessary)

4. **Do you wish to:** _____ Receive copy - OR- _____ Review / Inspect copy

5. **Select one of the following:**

_____ I request a fee estimate be provided to me within 3 days and agree that the City need not respond to my request until 5 days after I receive the fee estimate.

_____ I have examined the fee schedule and agree to pay those charges and waive any right to a fee estimate.

_____ I agree that the public body need not respond to my request until _____.

6. **Information or questions:** Contact the Office of the City Clerk, 100 McMorrان Boulevard, Port Huron, Michigan 48060 or call 810-984-9725. Return completed form to the Clerk's office or fax to 810-982-7872.

7. **Signature of person requesting information:** _____

(Below for office use only)

Due date for info.: _____ Departments copied: _____

Estimated cost (indigent, no cost for first \$20):

Deposit amt. required (1/2 if over \$50): _____

Copy charges: \$ _____

Labor charges: _____

Mailing charges: _____

TOTAL: \$ _____

Date material picked up: _____

*Original to file/Copy to requester.