

**CITY OF CLIO
FREEDOM OF INFORMATION ACT REQUEST**

To: CITY OF CLIO
Freedom of Information Act Coordinator
505 West Vienna Street
Clio, Michigan 48420

Phone (810) 686-5850
Fax (810) 686-0627

From: _____

Address: _____

Telephone: _____

I would like to receive copies of the following documents. I understand that I will be charged a fee based on the copy cost, labor cost, search cost and the postage cost unless the document requested is one that is sold for a specific fee.

As specified in Sec. 5 (2) of the Freedom of Information Act, when a request for a public record is received by a public body it shall, not more than 5 business days after the day of the request is received, respond to the request by one of the following:

- a) Grant the request
- b) Issue a written notice to the requesting person denying the request
- c) Grant the request in part and issue a written notice to the requesting person denying the request in part

Signature of requesting person

Date

Detailed description of the material, information, documents, etc.

FOR CITY OFFICE USE ONLY

_____ REQUEST TO BE GRANTED

copy cost _____ x .25 cents/copy page= _____

labor cost (time) _____ x _____/hour = _____

search cost(time) _____ x _____/hour = _____

Postage cost = _____

Other (standard fee) = _____

TOTAL COST = _____

_____ REQUEST DENIED

In part _____ Completely _____

Reason: _____

Signature of authorized individual

Date

Signature of individual preparing information