

**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 .10 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