

City of East Tawas

Michigan Freedom of Information Act (FOIA) – Request for Public Records

Name: _____ Phone: _____

Mailing Address: _____
Street City Zip Code

Contact Email: _____

1. **State the name or provide a description of the public record you are requesting.**

2. **Request to (check one):** **Visually inspect** **Receive photocopies**

3. **Method of access preferred:** **Pickup** **Mail** **E-mail**

Signature of requesting individual

Date

(I understand that this request for information will be responded to within five (5) days. I have read the attached city policy of the Freedom of Information Act and understand that the City may charge fees to cover the cost of providing this information.)

For City Use Only

Cost Assessment:

Labor (to nearest ¼ hour)	\$ _____
Postage for mailing	\$ _____
Copy charges (0.10 per page)	\$ _____
TOTAL	\$ _____

City Employee receiving request

Date