



Freedom of Information Act Request

Michigan Freedom of Information Act (FOIA), Public Act 442 of 1976

Freedom of Information Act Coordinator
201 S. Main
Plymouth, Michigan 48170-1637

www.plymouthmi.gov
Phone 734-453-1234
Fax 734-455-1892

ALL INFORMATION MUST BE TYPED OR PRINTED EXCEPT FOR WRITTEN SIGNATURE.

Requester's Name: _____

Address (Street and Number): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Organization (if any): _____

Circle One: I wish to: examine receive a copy of the following materials:

Form of Media I wish to receive this in: Email Flash Drive Paper

I hereby request a waiver or reduction in fees as provided in Section 4(1) of F.O.I.A. because:

- I am indigent or receiving public assistance (proof attached)
- I represent a public interest group (Attach statement fully explaining nature of organization)

I understand the City of Plymouth **must respond to my request within five (5) business days after it is received.** I also understand that, if necessary, the City of Plymouth may take an **additional 10 business days** to fill my request, due to the diverse locations or large volume of materials. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal.

Signature of Requester: _____ Date: _____

Details of Charges:	Labor:	\$ _____	Less Payment
	Copying:	\$ _____	Received: \$ _____
	Mailing:	\$ _____	
	TOTAL:	\$ _____	BAL. DUE: \$ _____

Please make check or money order in the amount of: \$ _____

*Make payable to: **City of Plymouth**