

FREEDOM OF INFORMATION ACT
REQUEST FOR INFORMATION

(MCLA 15.231, et seq; MSA 4.1801(1), et seq)

Date of Request: _____

I, the undersigned, hereby request a copy of the following Ypsilanti City record(s): (describe in detail, including date of incident and file number if available.)

I understand that the City may charge me for this service pursuant to Section 4 of the Act. I hereby agree to pay the charge for the furnishing of this information in advance of receiving same.

Applicant

Address

City, State, Zip

Phone: _____

----- For City use only -----

Request reviewed and approved/denied: Date: _____

Department head

Person to whom documents were supplied,
if different from above signor: _____

Description of documentation supplied: _____

Date documents supplied: _____

Fee: \$ _____

Collected: Yes _____ No _____