



FREEDOM OF INFORMATION ACT REQUEST FORM
Request for Examination Copy of Records

You are encouraged, but are not required, to use this form to make your request. If you do not use the form, your written request should provide all of the information sought on this form. You may submit your request in person at the St. Clair Police Department. Send it through email to: tstocker@cityofstclair.com (FOIA in subject line), fax to (810) 329-5299, or mail to:

City of St. Clair-Police Department
ATTN: Rick Jefferson-Police Chief
547 N. Carney Drive
St. Clair, MI 48079

As a government agency, the St. Clair Police Department is required to comply with Public Act 442 of 1976, the Freedom of Information Act (FOIA). Pursuant to the FOIA, the St. Clair Police Department is entitled to charge a fee for a public record search if certain conditions exist. Refer to the Written Public Summary of FOIA Procedures and Guidelines for explanation of possible fees. You will be contacted by the FOIA Coordinator with any applicable charges prior to distribution of the FOIA documents. Information can also be found on the City of St. Clair website: www.cityofstclair.com

Please Print Clearly

Name: _____ Date of Request: _____

Date of Birth: _____ Driver License Number: _____

Address: _____

Telephone: _____ Email: _____

I wish to examine or receive a copy of the following record(s):

Requester Signature: _____

Section 5 (2) of the Michigan Freedom of Information Act requires a Public Body to respond to a request to a public record within 5 business days after receiving the request. The Police Department may take ten additional business days if necessary, to fill the request due to the diverse locations or large volume of the material. If it is determined that some or all of the materials requested to review or have copied may not be disclosed, a written denial including the reason for the denial and explaining the right to appeal will be provided. Costs associated with the request may also be assessed, as provided in FOIA.

Office Use Only- Reviewed	Office Use Only- Payment
Reviewed copies of documents _____, 2016 at St. Clair Police during the hours of ____ to ____	Payment received \$ _____ on _____ (date)
_____ Requestor Signature	_____ Administrative Signature
_____ Administrative Signature	Notified on: _____ (date)