



FREEDOM OF INFORMATION ACT REQUEST FORM
Request for Examination or 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 the information sought on this form. You may submit your request in person at any City office, email to asturdy@cityofstclair.com (FOIA in subject line), fax to (810) 329-7997 or mail to:

City of St. Clair
ATTN: Annette Sturdy, City Clerk
547 N. Carney Drive
St. Clair, MI 48079

As a governmental agency, the City of St. Clair is required to comply with Public Act 442 of 1976, the Freedom of Information Act (FOIA). Pursuant to the FOIA, the City of St. Clair 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 the 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: _____

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 for a public record within 5 business days after receiving the request. The City may take ten (10) 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 denial and explaining the right to appeal will be provided. Costs associated with this request may also be assessed, as provided in FOIA.

Office Use Only

Reviewed copies of documents _____, 2015
(date)
at City Hall during the hours of ____ to ____ .

Requester Signature

Administrative Signature

Office Use Only

Payment received \$ _____ on _____
(date)

Administrative Signature