



CITY OF WYANDOTTE, MICHIGAN

3131 BIDDLE AVENUE 48192

CLERK'S OFFICE (734) 324-4560

CLERK'S FAX: (734) 324-4568

MICHIGAN FREEDOM OF INFORMATION ACT REQUEST FORM
[*Public Act 442 of 1976*]

Written Request (If additional space is needed, submit addition information on separate sheet.)

Date of Request: _____

Verbal Request

Time of Request: _____

Requester: Name: _____

Address: _____

Telephone: _____

Public Record Sought:

Request for: Inspection & Examination of Record, Copy of Record, Certified Copy of Record

Note: Copies or inspections of records will be at the City Clerk's Office, 3131 Biddle Avenue, Wyandotte, Michigan, during normal business hours (Monday through Friday, 8 AM to 5 PM.) The City of Wyandotte may impose charges within the guidelines set forth in the Freedom of Information Act. (**Public Act 442 of 1976, Sec. 4**)

Signature of Requester:

Do not write below line - City use ONLY

Requester verbally advised by the Clerk's Office of the following:

Copy or inspection of record will be done in the City Clerk's Office, 3131 Biddle Avenue, Wyandotte, during normal business hours.

The City under the guidelines set forth in the FOIA may impose charges.

FOIA forwarded to: _____ on _____
Department Date

FOIA received by: _____ on _____
Department Employee Member receiving FOIA Date

Forwarded back to the Clerk's Office on _____ by _____
Date Department Employee Name

- Requested Copy forwarded to Clerk's Office.
- Requested Copy forwarded to Clerk's Office for inspection.
- Based on the information submitted by the Requester, a Record could not be located.
- FOIA request approved in part, and denied in part.
(City Department is required to submit a letter with explanation for partial approval and denial.)
- Other, please attach separate sheet with an explanation.

ACKNOWLEDGMENT OF RECEIPT OF FOIA

Signature of Requester: _____

Date: _____