

**City of Alma**

525 East Superior Street, Alma, MI 48801

989-463-8336

**FOIA Request for Public Records**

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

**REQUESTOR INFORMATION:**

Name:		Phone:
Firm/Organization:		Fax:
Street:		Email:
City:	State:	Zip:

Request for:  Copy  Certified copy  Record inspection

Delivery Method:  Pick Up  Copies on Site  Mail  Email  Fax

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:


**Consent to Non-Statutory Extension of City's Response Time:** I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that the City must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the City's response time for this request until: \_\_\_\_\_ (month, day, year).

Requestor's Signature:	Date:
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**CITY OF ALMA USE:**

Date FOIA Recd: _____	Recd By: _____
Recd Via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other Electronic Method <input type="checkbox"/> In Person <input type="checkbox"/> US Mail	
Date Recd by FOIA Coordinator: _____	