

City of Southfield

FREEDOM OF INFORMATION REQUEST FORM

Requested by:

(Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

The following public record is requested under the Freedom of Information Act:

Nature of the request (please check one):

Please provide a copy of the requested public records.

Please allow me an opportunity to inspect the requested public records prior to copying.

I understand that the City of Southfield may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.

Signature of Requestor

Date

FOR OFFICE USE ONLY

Received By

Date

Date of Response

Cost

Original Requests Must be Forwarded to the City Clerk/FOIA Coordinator (248) 796-5150