

**CITY OF FLUSHING
FREEDOM OF INFORMATION ACT REQUEST**

To: CITY OF FLUSHING
Freedom of Information Act Coordinator
725 E. Main Street
Flushing, Michigan 48433

Phone (810) 659-5665
Fax (810) 659-0569

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

____ I would like to view the following documents.

____ I would like to receive copies of the following documents. I understand that I will be charged in advance a fee based on the copy cost, labor cost, search cost and the postage cost.

Detailed description of the material, information, documents, etc.

As specified in Sec. 5 (2) of the Freedom of Information Act, when a request for a public record is received by a public body it shall, not more than **5 business days** after the day of the request is received, respond to the request by one of the following:

- a) Grant the request
- b) Notify that the information is available at no cost through the website
- b) Issue a written notice to the requesting person denying the request
- c) Grant the request in part and issue a written notice to the requesting person denying the request in part
- d) Request an extension of the time limits for gathering the information

Signature of requesting person

Date