

# FREEDOM OF INFORMATION ACT REQUEST

CITY OF MARYSVILLE  
1255 Delaware Avenue  
Marysville, Michigan 48040  
Telephone: (810) 455-1318 / Facsimile (810) 364-3940

\_\_\_\_\_  
Name (Please Print Clearly)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

**I understand that the City of Marysville has five (5) business days to provide this information. Also, the City may request an extension of up to ten (10) business days if needed to provide a response to this request.**

- **Description of Public Record Requested:** Describe in detail the information being requested. Please be specific. If the request is unclear, it could prevent the City from providing the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I would like to examine the document. (If you would like to examine the document, prior arrangements will need to be made.)
- I would like a paper copy (with cost).
- I would like an electronic copy.

**I understand that there will be a charge for this request and agree to pay any/all costs associated. There will be no refunds.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by FOIA Coordinator:**

Date Received: \_\_\_\_\_ Check if received via:  Email  Fax

Date delivered to junk/spam folder: \_\_\_\_\_

Date discovered in junk/spam folder: \_\_\_\_\_