

**CITY OF ECORSE, MI
FREEDOM OF INFORMATION REQUEST FORM**

Requested by: _____
(Name)

(Company Name)

(Street Address)

(City, State, Zip)

(Telephone)

Pursuant to the Freedom of Information Act, I am requesting the following information:
[Please print clearly! Eligible requests cannot be processed. Provide a detailed/specific request. General requests cannot be fulfilled. If you need additional space, please continue on the back of this form. While completion of this form is voluntary, failure to provide all information requested may preclude the processing of your FOIA request.]

1. _____

2. _____

3. _____

By signing this document, I understand that the City of Ecorse will charge me a fee for providing copies of public records, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information. The City of Ecorse is under a State declared financial emergency. Therefore, all costs must be paid in full before receiving the requested documents. The fees charged for responding to FOIA requests are as follows:

- 1st page - \$1.00 Every additional page - \$0.25
- For all mailing, searching, examining, reviewing, separating and deleting exempt material and copying that requires one hour or more of time – up to \$20.00 per hour for labor plus \$0.25 per page for copying

I understand that a public body shall respond to my request within five (5) business days starting the day following the receipt of my request, unless a notice of extension for an additional ten (10) business days is issued. The Public Body shall grant or deny all or a portion of my request. By signing this form I realize that this document becomes public record.

❖ _____ I understand that the City of Ecorse is under a State declared financial emergency and is operating with a greatly reduced staff which makes timely FOIA responses challenging. Therefore, in place of the deadlines set forth above, I agree to allow the public body a reasonable time to process my request.

Signature of Requestor: _____

Date and Time Received: _____

Date and Time requestor was contacted regarding FOIA pick-up: _____

Date Picked Up/Mailed: _____ Cost Assessed: _____