

REQUEST FOR PUBLIC RECORDS

_____ FOIA _____ SUBPOENA

TO : DEPARTMENT OF LAW
 13615 MICHIGAN AVENUE, SUITE 8
 DEARBORN, MICHIGAN 48126-3581
 313.943.2035 FAX 313.943.2469

YOUR NAME/ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

DAYTIME TELEPHONE NUMBER _____

DESCRIBE THE PUBLIC RECORDS AS SPECIFICALLY AS POSSIBLE _____

I have requested a copy of records pursuant to FOIA. I understand that the City must respond to my request within five (5) business days after receiving it, except that the City may extend the period for an additional ten (10) business days. I hereby agree and consent to extending the time for the City to respond. Additionally, I understand that I will have to pay for the materials before they will be released to me.

SIGNATURE _____ DATE _____

When the requested documents have been compiled, I would like:

the documents MAILED to me. Send balance due (indicated below), along with a copy of this form, to: City of Dearborn P.O. Box 4000, Dearborn, Michigan 48126 and records will be mailed to you. **LIST CONTROL NUMBER ON CHECK.**

to PICK UP the documents. Pay balance due (indicated below) at Treasury Division, 13615 Michigan Ave., Ste 3 (in concourse, across from City Council Office). Payment by credit/debit card is available at the Treasury Division window only, M-F, 8am - 5pm. Service fees apply. **Must have FOIA Control No. for credit/debit card transaction.** Bring paid receipt to the Department of Law, 13615 Michigan Ave., Ste 8, (third floor of east wing of City Hall) and records will be released to you.

FOR CITY OF DEARBORN USE ONLY

LABOR (number of minutes _____ @ \$45.00/hr)	\$ _____
COPYING (\$.25 per page; number of pages _____)	\$ _____
EXEMPT/NON-EXEMPT (number of minutes _____ @ \$75.00/hr)	\$ _____
DVD/VIDEO/AUDIO (\$30.00 ea)	\$ _____
TOTAL	\$ _____
LESS DEPOSIT (if any)	\$ _____
BALANCE DUE	\$ _____

A SEARCH OF CITY RECORDS HAS REVEALED NO RECORDS THAT MEET THE CRITERIA SET FORTH IN YOUR REQUEST.

Request processed by: _____ Date: _____