

REQUEST FOR DISCLOSURE OF DOCUMENTS (FOIA)

TO: FREEDOM OF INFORMATION ACT COORDINATOR, CITY OF BIG RAPIDS

REQUESTOR'S NAME/COMPANY _____

ADDRESS (STREET AND NUMBER) _____

CITY, STATE, ZIP CODE _____

DAYTIME PHONE NUMBER _____

I wish to receive a copy of the following materials (Please provide a detailed description):

I understand that the City may take ten (10) additional business days, if necessary, to fill my request. I understand that if it is determined that some or all of the materials which I have requested may not be disclosed, I will receive a written denial that will include an explanation of my right to appeal. I also understand that I will have to pay for the materials before they are released to me.

SIGNATURE OF REQUESTOR _____ DATE _____

FOR CITY OF BIG RAPIDS USE ONLY

DATE RECEIVED _____

RECEIVED BY _____

FORWARDED TO CITY ATTORNEY: NO _____ YES _____ DATE _____

REQUEST COMPLETED BY _____ DATE _____

(EMPLOYEE FILLING THIS REQUEST SHOULD COMPLETE THIS SECTION)

LABOR (number of hours x hourly wage of lowest paid full time employee capable of retrieving the requested information)	_____ hrs x \$_____ per hour	\$_____
COPYING (\$.05 per page)		\$_____
MAILING (if applicable)		\$_____
TOTAL		\$_____
LESS DEPOSIT (if any)		\$_____
BALANCE DUE		\$_____

Please make check or money order payable to **CITY OF BIG RAPIDS** in the amount of \$_____ (as detailed above).