



**CITY OF GLADWIN
FREEDOM OF INFORMATION ACT
REQUEST FORM**

1000 WEST CEDAR AVENUE
GLADWIN, MICHIGAN 48624
TELEPHONE: (989) 426-9231
FAX: (989) 426-6942

REQUESTOR NAME _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

DOCUMENT REQUESTED: _____

METHOD OF ACCESS/ DELIVERY OF RECORD REQUESTED

- Mail to Requestor
- Give to Requestor at City Hall
- Inspect Copies at City Hall
- Electronic Format

I understand that the Freedom of Information Act requires the public body to have a response in 5 business days, but may request an extension of 10 additional days if needed. I also understand that the public body may charge me a fee for copying, searching, reviewing, mailing, separating and deleting exempt material and an itemized billing will be provided.

REQUESTOR SIGNATURE

DATE

APPROVAL BY CITY HALL

DATE

FOR OFFICE USE ONLY

Person Receiving Request _____

Date Request Received _____

Action Taken _____

Date Request Completed _____