

ATTACHMENT A
FREEDOM OF INFORMATION ACT REQUEST

Return completed form to:
City Clerk's Office | 225 E. Portage Avenue, Sault Ste. Marie, MI 49783
phone: 906-632-5715 | fax: 906-635-5606 | rtroyer@saultcity.com

Date requested: _____

Name: _____

Address: _____
Street City State Zip

Phone number: _____

Please describe with specificity the public record(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the public records(s) you request which may cause further delays or a denial:

You may pick up the report at Sault Ste. Marie City Hall or have it mailed to you after review and approval is complete. This can take up to five (5) working days to complete, or such later date as may be extended by law.

Will pick up

Please mail

You will be charged the allowable fees and costs under FOIA. You agree to pay such fees and costs prior to the release of the documents.

I, the requester, am not a party to any civil action against the City, or by the City against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. If I did not pay the fees and costs prior to the release of the documents, I agree to pay all allowable fees and any collection fees for my failure to pay the allowable fees and costs under FOIA within 30 days after the documents are ready or sent to me.

Signature

Department use only

Date the FOIA Request Was Received _____

No. of pages _____ Pick up cost _____ Mail cost _____
