

**CITY OF RIVERVIEW**      **FREEDOM OF INFORMATION REQUEST FORM**

14100 Civic Park Drive; Riverview, MI 48193      734- 281-4241      Fax 734-281-4228

Print Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**Pursuant to the Michigan Freedom of Information, Act, Act 442, Public Acts of 1976, as amended, I request to have the following records supplied to me in the following form: Please check one.**

**I will Pick-up copies      Mail Copies to address above      I want to Inspect Materials**

BE VERY SPECIFIC: include addresses, names, dates, time frames, etc.

**I understand the City of Riverview has 5 business days to fill my request and may take an additional 10 business days, if necessary. If it is determined that some or all of the materials I have requested may not be disclosed, I will receive a reason for denial and explanation of my right to appeal. I also understand that I may be charged with costs associated with this request and that I am required to pay the amount due before receiving the information. If the request is extensive, a deposit may be required before work is completed.**

\_\_\_\_\_  
Signature of Requestor      Date

**FORWARD TO THE FOIA OFFICER**

\_\_\_\_\_  
Received by      Date

Date Received: \_\_\_\_\_      Date of Determination: \_\_\_\_\_

Respond no later than: \_\_\_\_\_      Date of Completion: \_\_\_\_\_

Department: \_\_\_\_\_ Denied \_\_\_\_\_ Denied in part \_\_\_\_\_ Reasons for denial attached.

The request for public records listed above has been approved as follows:

- \_\_\_\_\_ This material partially exempt from disclosure. Separate exempt from non-exempt material.
- \_\_\_\_\_ Provide a copy of the record(s) to the FOIA officer.
- \_\_\_\_\_ Arrange for an appointment to allow the requestor to inspect the record(s).
- \_\_\_\_\_ Provide a copy of future record(s) ending no later than six months after the date of the request.

FOIA REQUEST No. \_\_\_\_\_

\_\_\_\_\_  
Signature of FOIA Officer