

City of Saline Freedom of Information Act (FOIA) Request Form

Please use this form to request inspection or copies of City records under the Michigan Freedom of Information Act in order to enable the City to fully comply with your request for information.

Date Requested _____

Name _____

Address _____
Street City State Zip

Phone number where you can be reached during the day: _____

E-mail Address: _____ Fax Phone Number: () _____

Please describe the information you are requesting as specifically as possible to enable the City to locate the information and minimize costs, if any, that you may be required to pay.

You may pick up the report at the Saline City Clerk's Office or you may have it mailed to you, if you are not delinquent in paying past FOIA charges.

Will pick up Please mail

The City charges fees, as provided by law, for FOIA requests. You will be exempt for the first \$20 of fees if you provide an affidavit that you are currently receiving public assistance or stating facts that show you are unable to pay due to indigency. Affidavit submitte: Yes No

I, the requester, am not requesting documents related to any civil action against the City in which I am a party, or by the City against myself, and I am not acting on behalf of such party involving the records I am requesting at this time. I agree to pay all allowable fees.

Signature

Stamped Date Received: _____ Receiving Staff Member: _____