



City of Farmington
Freedom of Information Act Coordinator
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REQUEST FOR DISCLOSURE OF RECORDS

By Authority of the Michigan Freedom of Information Act 442, P.A. 1976, as amended.

ALL INFORMATION MUST BE TYPED OR PRINTED EXCEPT FOR WRITTEN SIGNATURE.

Requester's Name: _____

Address (Street and Number): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Organization (if any): _____

Choose One: I wish to: examine receive a copy of the following materials:

Choose One (or more):

Form of Media I wish to receive this in: Email Flash Drive Paper

Email address: _____

I understand the City of Farmington **must respond to my request within five (5) business days after it is received.** I also understand that, if necessary, the City of Farmington may take an **additional 10 business days** to fill my request, due to the diverse locations or large volume of materials. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal.

Signature of Requester: _____ Date: _____