



City of Bloomfield Hills
Freedom of Information Act Request Form
(Please Type or Print Clearly)

Date: _____

Requester's Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zip code)

Phone Number: _____ Fax Number: _____

Email Address: _____

Pursuant to the Michigan Freedom of Information Act, being Act 442, Public Acts of 1976, as amended, I hereby request that the following records be made available to me to inspect, copy, or receive copies of: (Description of the public record sought-be specific)

I certify that all of the above information is correct and I understand that the City of Bloomfield Hills may request a good faith deposit from me if the fee authorized under the Freedom of Information Act exceeds Fifty (\$50.00) Dollars. I further understand that the deposit shall not exceed one-half (1/2) of the total fee authorized.

Signature for Request

Signature for Receipt

<i>For Office Use Only:</i>	
Received by: _____	Date: _____
Completed by: _____	Date: _____
Notified Date: _____	Amount Due: _____