

Freedom Of Information Act (FOIA)

City Clerk's Office

Mt. Pleasant
[meet here]

Date of Request _____

Person Making Request _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Describe in detail the information being requested.

Your Electronic Signature _____ Date: _____

Please send response by: (Choose one) Mail In-Person Pickup Email _____
Fax _____

FEE: \$.10/page (8.5 x 11 and 8.5 x 14), Labor cost and Postage if mailed: current postal rates, cheapest fare
(See Procedures and Guidelines and Summary at www.mt-pleasant.org/foia)

NOTE: Payment for records is required before delivery. Please state the maximum you are willing to pay for these records. We will notify you if the cost exceeds the amount. If the fee is anticipated to be greater than \$50, a good-faith deposit of 1/2 of the total fee is required in advanced.

For more detailed information visit www.mt-pleasant.org/foia.

Please submit this form via email to clerk@mt-pleasant.org or deliver/mail this form to **320 W. Broadway Street, Mt. Pleasant, MI 48858.**

FOR OFFICE USE ONLY: Request Received By _____ Date Received: _____

Total # Pages _____ Total \$ Owed _____

Notes _____