## **CITY OF COOPERSVILLE**

289 Danforth Street Coopersville MI 49404-1204 Telephone: (616) 997-9731 • Facsimile: (616) 997-6679 www.cityofcoopersville.com

## **FOIA Request for Public Records**

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

DATE REQUESTED:	
NAME:	
ADDRESS:	
PHONE NUMBER:	
E -MAIL ADDRESS:	
HOW INFORMATION WAS REQUESTED:	

## Under the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

I, \_\_\_\_\_\_, am requesting an opportunity to inspect or obtain copies of public records.

I, \_\_\_\_\_\_, am requesting copies under FOIA. Based on the City of Coopersville's approved FOIA Policy, I am submitting 50% of the estimated TOTAL COSTS as required, and confirm that the balance of the fees incurred will be paid before the public records are released to me. It is my understanding that the public records(s) I have requested shall be available, unless otherwise exempted, within five business days of the City's receipt of this confirmation.

Requested information will be charged the allowable fees and costs under FOIA or;

• a need to show documentation showing that you, the requester, are receiving public assistance or other facts showing inability to pay due to indigence.

The information requested will be available for pickup at Coopersville City Hall or available to be mailed to the above address when the request is completed. This can take up to five (5) working days to complete, or such later date as may be extended by law.

\_\_\_\_\_Will pick up

Please mail

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:

I, the requester, am not a party to any civil action against the City, or by the City against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. If I did not pay the fees and costs prior to the release of the documents, I agree to pay all allowable fees and any collection fees for my failure to pay the allowable fees and costs under FOIA within 30 days after the documents are ready or sent to me.

Signature

Date

FOIA Coordinator/City Clerk

Date

"This institution is an equal opportunity provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed completing to releter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.