

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

