

# FREEDOM OF INFORMATION ACT REQUEST

CITY OF CLAWSON  
FIRE DEPARTMENT EMPLOYEES' PENSION PLAN  
425 N. Main Street  
Clawson, Michigan 48017  
Telephone: (248) 435-4500 / Facsimile (248) 435-3240

\_\_\_\_\_  
Name (Please Print Clearly)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

**I understand that the City of Clawson Fire Department Employees' Pension Plan has five (5) business days to provide this information. Also, the Retirement System may request an extension of up to ten (10) business days if needed to provide a response to this request.**

- **Description of Public Record Requested:** Describe in detail the information being requested. Please be specific. If the request is unclear, it could prevent the Retirement System from providing the information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I would like to examine the document. (If you would like to examine the document, prior arrangements will need to be made)
- I would like a paper copy (with cost).       I would like an electronic copy.

**I understand that there will be a charge for this request and agree to pay any/all costs associated. There will be no refunds.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by FOIA Coordinator:**

Date Received: \_\_\_\_\_ Check if received via:  Email  Fax  
Date delivered to junk/spam folder: \_\_\_\_\_  
Date discovered in junk/spam folder: \_\_\_\_\_