



Clawson Police Department

425 N Main St , Ste.2, Clawson, MI 48017

Phone (248) 435-5000 FAX (248) 435-4847

REQUEST FOR PUBLIC RECORD

FREEDOM OF INFORMATION

Authority: MCL 15.231, et seq

Date Filed: _____

5-Day Due Date: _____

10-Day Due Date: _____

A person desiring to inspect or receive a copy of a public record must give WRITTEN REQUEST for the public record to the Freedom of Information Act (FOIA) coordinator. A written request may be made by facsimile, electronic mail, or other electronic transmission, but it is not considered to have been received by the FOIA coordinator until one business day after the electronic transmission is made.

STATEMENT OF APPLICANT: I am requesting copies under FOIA. Based on the City of Clawson's approved FOIA Procedures & Guidelines, I am submitting 50% of the estimated total costs, (if the estimate fee exceeds \$50) and confirm the balance of the fees incurred will be paid before the public record(s) are released to me. I understand the city must respond to my request within five (5) business days *after* it is received. The city must grant or deny all, or a portion of my request, or issue a notice extending for ten (10) business days, the period in which the city must respond to my request.

PRINT NAME: _____

ADDRESS: _____

PHONE Home: _____ Cell: _____

I hereby certify that the above information is correct and agree to reimburse the City of Clawson for any costs incurred in processing this request that are allowable under the Michigan Freedom of Information Act.

SIGNATURE: _____

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED: Describe in detail the information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could prevent the city from providing the information:

OFFICE USE ONLY:

DEPARTMENT(S): _____

ESTIMATED COST: _____

DEPOSIT PAID: _____

DISPOSITION DATE: _____

COMPLETED BY: _____

FINAL COST: _____

Chief Harry Anderson

Det Lt Scott Sarvello

Sgt David Scott

Sgt William Haynes

Sgt Kellie Bauss

Revised 01-12