

**CITY OF ZILWAUKEE
PUBLIC RECORDS REQUEST FORM**

This form is established in accordance with the Michigan Freedom of Information Act, PA 442 of 1976, and City of Zilwaukee Policy on Freedom of Information Requests. It must be filled out for oral requests.

REQUESTOR:

Name: _____

Address: _____

Phone No.: _____

DATE REQUESTED: _____

PUBLIC RECORD(S) REQUESTED: _____

OFFICE USE:

Employee receiving request _____

Administrator's Determination: Exempt _____ yes _____ no

Non-exempt: Date information provided: _____

If extension - Date notice sent: _____

Exempt: Date notice sent: _____

FEES: (Check one)

_____ None

_____ Amount: \$ _____

_____ Copies at \$ _____ each = \$ _____

_____ Hours employee time at \$ _____/hr. = \$ _____

_____ Other (Detailed) _____