

CITY OF RIVERVIEW **FREEDOM OF INFORMATION REQUEST FORM**

14100 Civic Park Drive; Riverview, MI 48193 (734) 281-4239 Fax (734) 281-4228
Police/Fire/Ambulance Records (734) 281-4210, opt 3 Fax (734) 281-4213
Email request for City: chutchison@cityofriverview.com and Police/Fire: bbemis@cityofriverview.com

Print Requestor's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Fax _____

Pursuant to the Michigan Freedom of Information, Act, Act 442, Public Acts of 1976, as amended, I request to have the following records supplied to me in the following form:

Delivery Method:

I will Pick-up copies Mail Copies to address above I want to Inspect Materials

BE VERY SPECIFIC: include addresses, names, dates, time frames, etc. _____

I understand the City of Riverview has 5 business days to fill my request and may take an additional 10 business days, if necessary. If it is determined that some or all of the materials I have requested may not be disclosed, I will receive a reason for denial and explanation of my right to appeal. I also understand that I will be charged with costs associated with this request and that I am required to pay the amount due before receiving the information. If the request is extensive, a deposit may be required before work is completed.

Signature of Requestor _____

Date _____

FORWARD TO THE FOIA OFFICER

Received by _____

Date _____

Date Received: _____

Date of Determination: _____

Respond no later than: _____

Date of Completion: _____

Department: _____ Denied _____ Denied in part _____ Reasons for denial attached.

The request for public records listed above has been approved as follows:

This material partially exempt from disclosure. Separate exempt from non-exempt material.

Provide a copy of the record(s) to the FOIA officer.

Arrange for an appointment to allow the requestor to inspect the record(s).

Provide a copy of future record(s) ending no later than six months after the date of the request.

FOIA REQUEST NO: _____

Signature of FOIA Officer _____