REQUEST FOR PUBLIC RECORD

DEPARTMENT:_____

NAME OF REQUESTOR:_____

REQUEST FORM: WRITTEN ☐ **ELECTRONIC** ☐

ADDRESS:_____

_____ **PHONE:** _____

DATE FILED: _____

I REQUEST TO HAVE THE PUBLIC RECORD(S) SUPPLIED TO ME IN THE FOLLOWING FORM:

INSPECTION:_____ **COPIES:**_____

NAME AND BRIEF DESCRIPTION IDENTIFYING PUBLIC RECORD DESIRED:

_____

_____

_____

_____

_____

_____

PAYMENT MUST BE RECEIVED PRIOR TO DELIVERY OF PUBLIC RECORDS.

DELIVERY TO ABOVE ADDRESS: Yes_____ **No**_____

LIST ALTERNATE DELIVERY ADDRESS, IF APPLICABLE:_____

_____

I understand a public body must respond to my request with five (5) business days after it is received and is allowed one (1) additional day to respond if it is received by Email, fax or other electronic means. The public body 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 public body must respond to my request. In place of these deadlines, I agree to allow the public body a reasonable time to process my request. I further understand that if I withdraw my request after the City has begun work on the request, I will be responsible for all costs incurred by the City of Saginaw up until the point of withdrawal.

_____

SIGNATURE

OFFICE USE ONLY

COST: IN ADVANCE (OVER $50.00)

ESTIMATE _____
- 50% _____

AMOUNT DUE $_____

DATE AVAILABLE:_____

FINAL ACCOUNT:

MAILING	_____
LABOR	_____
_____COPIES @ .10	_____
OTHER_____	_____
TOTAL	_____
(-) DEPOSIT	_____
AMOUNT DUE	**$**_____