



FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

**City of Bloomfield Hills 45 E. Long Lake Road Bloomfield Hills, MI 48304
Phone: (248) 644-1520 www.bloomfieldhillsmi.net**

Date: _____

Requester's Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zip code)

Phone Number: _____ Fax Number: _____

Email Address: _____

Pursuant to the Michigan Freedom of Information Act, being Act 442, Public Acts of 1976, as amended, I hereby request that the following records be made available to me to inspect, copy, or receive copies of: (Description of the public record sought- be specific)

Public Safety Requests:

Case Number (if known) _____ Date(s) of Occurrence _____

Location of Incident _____

Type of Incident _____

I certify that all of the above information is correct and I understand that the City of Bloomfield Hills may request a good faith deposit from me if the fee authorized under the Freedom of Information Act exceeds Fifty (\$50.00) Dollars. I further understand that the deposit shall not exceed one-half (1/2) of the total fee authorized.

Applicant Signature for Request

Applicant Signature for Receipt

For Office Use Only:

Received by: _____ Date: _____

Completed by: _____ Date: _____

Date Sent to DPS: _____ 5 Day FOIA Response: _____

Date Due back to Clerk: _____ 10 Day FOIA Response: _____

Notified Date: _____ Amount Due: _____