

City of Portage
7900 South Westnedge Avenue
Portage, MI 49002

FREEDOM OF INFORMATION ACT REQUEST

TO: _____

REQUESTED BY: _____

(Name)

(Address)

(City)

(State)

(ZIP)

(Telephone)

Description of public record(s) requested:

Nature of request [check one below]:

_____ Please provide a copy of the requested public records. A copy fee and payment of research time is required prior to receiving the records.

_____ Please allow me an opportunity to inspect the requested public records prior to copying. Payment of research time is required prior to inspection.

Payment:

_____ I understand that the public body will charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.

Charge for copies: \$1.00 for first page and \$0.10 for each additional page.

(Date)

(Signature)

According to Section 15.234 of the Freedom of Information Act, the City of Portage may establish and collect fees not to exceed the actual cost of searching for and making copies of records. The City of Portage may require a good faith deposit from the person requesting the public record or series of public records, if the fee authorized under this section exceeds \$50.00. The deposit shall not exceed 1/2 of the total fee.