

City of Adrian

Freedom of Information Act Coordinator
135 East Maumee Street
Adrian, Michigan 49221
Phone: (517) 264-4815
Fax: (517) 264-4164

Request Number: _____

REQUEST FOR DISCLOSURE OF RECORDS

By Authority of the Michigan Freedom of Information Act, 442, P.A. 1976, as amended.

ALL INFORMATION MUST BE TYPED OR PRINTED EXCEPT FOR WRITTEN SIGNATURE.

Requester's Name: _____

Address (Street and Number): _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Business Phone:** _____

Organization (if any): _____

Email Address:

I wish to: examine receive a copy of the following materials:

Please fill in as much information as possible:

Report No.: _____ **Date of Incident (If unknown, as close as possible):** _____

Type of Incident (Please Describe): _____

Names of Individuals Involved: _____

I hereby request a waiver or reduction in fees as provided in Section 4(1) of F.O.I.A. because:

- I am indigent or receiving public assistance (proof attached)
- I represent a public interest group (Attach statement fully explaining nature of organization)

I understand the City of Adrian may take an additional 10 business days, if necessary, to fill my request, due to the diverse locations or large volume of the materials. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed I will receive a written denial including the reason for denial and explaining my right to appeal.

If you have questions or concerns regarding this form or your request, please call Michelle Beddingfield at (517) 264-4815, or email your question to cattorney@ci.adrian.mi.us. Once you have submitted your form you will receive a response within 5 business days. Please make sure you have included a phone number and/or email address that we may contact you at.

Click the "SUBMIT" button to send your request.
