



City of Williamston

161 E. Grand River Avenue  
Williamston, MI 48895

**FREEDOM OF INFORMATION ACT REQUEST FORM**

For Office Use Only

Received \_\_\_\_\_

Request # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

Description of documents and/or information requested. (Describe the document(s) you are requesting as specifically as possible, including any names, places, dates and/or subject. Use back of sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to pay a fee, not to exceed \$ \_\_\_\_\_, incurred by the City in providing the above requested information. (The FOIA Coordinator will notify you if the cost exceeds this amount.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Required Reviews

	Approve Request	Deny Request	Initials
<input type="checkbox"/> City Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Police Chief	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Disposition

- Supplied      Date: \_\_\_\_\_      Initials: \_\_\_\_\_
  - Extended      Date: \_\_\_\_\_      Initials: \_\_\_\_\_
  - Denied      Date: \_\_\_\_\_      Initials: \_\_\_\_\_
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