



City of Three Rivers

333 West Michigan Avenue • Three Rivers, Michigan 49093

Phone: 269.273.1075 • Fax: 269.273.3132

www.threeriversmi.org

FOIA REQUEST

Date _____

Subject of Your Request _____

Under the **Michigan Freedom of Information Act § 15.231 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that the City of Three Rivers may possess related to _____

The Michigan Freedom of Information Act requires a response to this request within five days.

If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

Fees for searching or copying these records are subject to the current User Fee Ordinance. The current rate is \$_____ per page. Please inform me if the cost will exceed \$_____.

_____ I request that the information I seek be provided in electronic format.

NAME(S) _____

ADDRESS _____

EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ ALT PHONE: _____

Signature of applicant: _____

Date: _____

City Clerk Signature: _____

Date: _____