



**FREEDOM OF INFORMATION ACT  
REQUEST FOR PUBLIC RECORD  
CITY OF HOWELL**

FOIA # \_\_\_\_\_  
Department \_\_\_\_\_  
Date Filed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

I request that the records be:

\_\_\_\_\_ Mailed

\_\_\_\_\_ E-mailed

\_\_\_\_\_ Call for pick-up

I request to have the public record(s) supplied to me in the following form: Inspection \_\_\_\_\_ Copies \_\_\_\_\_

Name and detailed description identifying public record desired: Non-paper Media \_\_\_\_\_

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

**PAYMENT MUST BE RECEIVED PRIOR TO DELIVERY OF PUBLIC RECORDS.**

I understand a public body must respond to my request within five (5) business days after it is received. The public body must grant or deny all or a portion of my request, or issue a notice extending the deadline ten (10) business days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO: Howell City Clerk, 611 E. Grand River, Howell, MI 48843  
or Fax: 517-546-6030