

**CITY OF DEXTER
FREEDOM OF INFORMATION
REQUEST FORM**

Name: _____

Phone: _____

Address: _____

I request to: Visually Inspect
 Receive Photocopy
 Copy by hand

I wish to receive the following information, specifically:

This request will receive a response within five (5) working days.

Fees shall be charged as permitted by law.

As permitted by Section 15.234 of P.A. 442 of 1976, a public body may request a good faith deposit from the person requesting the public record or series of public records, if the estimated fee will exceed \$50.00. The deposit will not exceed 1/2 of the estimated fee.

FOR CITY USE ONLY

APPROVED APPROVED IN PART

DENIED

FREEDOM OF INFORMATION OFFICER

DATE