

**CITY OF EVART**

**MICHIGAN FREEDOM OF INFORMATION ACT REQUEST FORM**

**Name of Person Making Request:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone Number: ( )** \_\_\_\_\_

**Type of Information Requested and Incident Number if known:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Method of Access to Records:**

**Pick-Up** \_\_\_\_\_ **Mail** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Fax Number ( )** \_\_\_\_\_

**If address is different than above, mail to:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Office Use Only:**

**Incident Number:** \_\_\_\_\_

**Total Copying Costs as Itemized Below:**

Cost per report \$5.00 X Number of Copies = \_\_\_\_\_

**Total Cost of all Requested Items** = \_\_\_\_\_