



Felicia Rutledge, City Clerk
City of Inkster
26215 Trowbridge
Inkster, MI 48141

www.cityofinkster.com
Phone: 313.563.9770
Fax: 313.563.7378
frutledge@cityofinkster.com

City Request No. _____

**Extended Information Request to City of Inkster
Subject to the Freedom of Information Act (FOIA)**

email to: frutledge@cityofinkster.com cc: yholmes@cityofinkster.com

Fax to 313/563-7378 / Mail to City Clerk's Office, City Of Inkster, 26215 Trowbridge, Inkster MI 48141

Requestor: _____ **Date Requested:** _____

Address: _____ **Telephone:** _____ (W)

_____ **Telephone:** _____ (H)

Email Address: _____

Information/Records Requested; Format needed (continue on back if space needed):

How do you want to receive this information? ☐ Mail ☐ Pick it up ☐ E-Mail

If the scope of this request requires more than 1/2 hour of labor, a fee will be charged for the search, examination, review, and, if appropriate, the deletion and separation of exempt from nonexempt information as provided in Section 14 of the Freedom of Information Act. This fee is being charged because the failure to do so would result in unreasonably high costs to the City.

FOR COMPLETION BY CITY:

Date/Time Received: _____ Need by Date: _____

Date Fee Approved/ Deposit Received _____ Department assigned: _____

Completed Date: _____ Notified By: _____ () Phone () Mail () In Person () Email

Delivered Date: _____ Delivered By: () Phone () Fax () Mail () In Person () Email

DUPLICATION COSTS:

(8 1/2 x 11) Paper Copies @\$.50 (1-6) & \$.20 (7 +) / .25 duplex X Number of Pages _____ \$ _____

(11 x 14) Paper Copies @\$.75 (1-6) & \$.25 (7 +) / .30 duplex X Number of Pages _____ \$ _____

(18 x 22) Paper Copies @ \$2.00 (Black & White) X Number of Pages _____ \$ _____

@ \$3.00 (Color) X Number of Pages _____ \$ _____

(24 x 36) Paper Copies @ \$3.00 (Black & White) X Number of Pages _____ \$ _____

@ \$5.00 (Color) X Number of Pages _____ \$ _____

Computer Media @ \$ _____ X Number of Disks: _____ \$ _____

[CD-R @ \$1.00 / DVD-R @ \$1.00 / Sleeve @ \$1.00]

Cassette Audio tapes @ \$1.25 X Number of Tapes _____ \$ _____

MAILING COSTS: USPS /Ground Carrier _____ \$ _____

Envelope Size/Cost: _____ \$ _____ [9X12=\$1.00] _____ \$ _____

Disk Mailer @ \$1.00

LABOR COSTS: (If more than 1/2 hr. clerical)

\$ _____ per hour X Time: _____ \$ _____

OTHER COSTS: _____ \$ _____

TOTAL CHARGES: \$ _____

To be completed at time of receipt:

Signature of Recipient: _____ **Date:** _____