



# CITY OF MADISON HEIGHTS FREEDOM OF INFORMATION ACT REQUEST

TO: City of Madison Heights Police Department  
280 W. Thirteen Mile Road  
Madison Heights, MI 48071

RE: \_\_\_\_\_  
Subject Matter of Request  
(A separate request form must be completed for each subject.)

I, \_\_\_\_\_, hereby make a demand upon the City of Madison Heights to review the file(s) kept in the ordinary course of business by the City of Madison Heights as it pertains to the above address. I am requesting:

Copies  to view  certified copies  electronic file of the following documents:

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

I understand that under the Freedom of Information Act I may be required to pay a fee for the cost of the labor, search, examination, review, deletion, and separation of exempted records based upon my request (MCLA 15.234) and, if copies are made, the cost of the duplication of the requested records.

The requested information and/or documentation is  is not  applicable to litigation in which the City of Madison Heights is a party.

\_\_\_\_\_  
Person Requesting Information

\_\_\_\_\_  
Company Name (If Applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Response date: \_\_\_\_\_

Dated Viewed: \_\_\_\_\_

File No. \_\_\_\_\_