



CITY OF MADISON HEIGHTS

FREEDOM OF INFORMATION ACT REQUEST

TO: City of Madison Heights
300 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. _____