



CITY OF HOUGHTON

POLICE DEPARTMENT

616 Shelden Avenue, P.O. Box 606

Houghton, Michigan 49931

Phone: (906) 482-2121

Fax: 906-482-0353

email:policedepartment@cityofhoughton.com

Authority: Michigan Freedom of Information Act, 1976 PA 442, as amended

Name:	Telephone No: ()
Firm/Organization:	Fax No: ()
Street:	
City: State: Zip:	

Describe the public record as specifically as possible: (Please give file number if known)

I wish to obtain _____ copy(ies) of the record.

Signature: _____	Date: _____
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CONSENT TO EXTENSION OF TIME ON REQUEST FOR PUBLIC RECORDS:
I have requested a copy of or access to records pursuant to the Michigan Freedom of Information act, 1976 PA 442, as amended. I understand that the public body must respond to the request within five (5) business days after receiving it, except that the public body may take an extension for an additional ten (10) business days. However, I hereby agree and consent to extending the time for the public body to respond to my request until _____.

Signature: _____ Date: _____

Please mail this form to: Houghton Police Department
616 Shelden Avenue
Houghton, MI 49931