

CITY OF HOUGHTON
616 Shelden Ave, Houghton MI 49931
Telephone 906-482-1700
Fax 906-482-0282

FOIA Request for Public Records
Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request to: **Receive copy** **Inspect record** **Subscribe to record issued on regular basis**
Delivery Method (upon payment of balance due): **Pick up records in person** **Mail to address below**
(Please Print or Type)

Name:	Phone:	
Firm/Organization:	Fax:	
Street:	Email:	
City	State	Zip

Describe the public record(s) as specifically as possible:

Requestor's Signature:	Date:
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Consent to Non-Statutory Extension of City's Response Time
I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.321, et seq. I understand that the city must respond to this request with five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree to extend the city's response time for this request until_____.

Requestor's Signature:	Date:
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