



**REQUEST FOR PUBLIC RECORD**  
Michigan Freedom of Information Act

Please Remit to: **City of East Jordan City Clerk's Office**  
201 Main Street, PO BOX 499  
East Jordan, MI 49727  
Tel: (231) 536-3381  
Fax: (231) 536-3383  
[info@eastjordancity.org](mailto:info@eastjordancity.org)

The Michigan Freedom of Information Act permits persons to request copies of public records. You may be required to pay for costs incurred in retrieving or copying such records. Some records may be exempt from disclosure.

PLEASE PRINT OR TYPE:

Name:	Phone:	
Street:		
City:	State:	Zip:
Email:		

Describe the public record(s) as specifically as possible. If you are not sufficiently specific, it may be impossible to identify the records you request and your request may be denied. You may be contacted for clarification.

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DELIVERY METHOD:  Pick up     Mail     Email     Fax     Schedule appointment to inspect record(s)

Please check if you would like  the record(s) on digital media

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Requestor's Signature

You will receive a response within five business days, counted from the day after your request is received. Electronically transmitted requests are deemed received the date after they are sent. The City may, within five business days, issue a notice extending the request for not more than ten business days. If the estimated costs exceed \$50, you may be required to provide a deposit before your request will be fulfilled. You will be charged allowable fees under FOIA unless you provide documentation showing that you are receiving public assistance or are otherwise unable to pay due to indigence.

**RECORDS WILL NOT BE RELEASED UNTIL FULL PAYMENT OF COSTS ARE RECEIVED.**

THE CITY OF EAST JORDAN FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT [WWW.EASTJORDANCITY.ORG](http://WWW.EASTJORDANCITY.ORG)

**Office Use Only**

FOIA #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Received via: Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ Hand Delivered \_\_\_\_\_  
 Due to Requestor: \_\_\_\_\_  
 10-Day Extension Requested: \_\_\_\_\_ Due Date: \_\_\_\_\_