NOVI CITY CLERK'S OFFICE
45175 W. TEN MILE ROAD
NOVI, MI 48375
(248) 347-0456
Fax (248) 347-0577

FREEDOM OF INFORMATION REQUEST

Description of public records requested (please be very specific)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Number of copies _____

Statement of Applicant

Please initial that you have read and understand the following statements:

____ The City has five business days to respond if the request is submitted in person or through the mail and six business days to respond if the request is submitted electronically (not counting the day the request is received).

____ If necessary, the City may issue a ten-day extension, which allows ten additional business days to search for the requested information.

____ Charges may include the hourly wage, or a portion thereof, of the lowest paid employee capable of performing the search, the costs of copying and retrieval of offsite records.

____ If research and copying costs exceed $50, a good faith deposit of no more than 50% of the final cost may be required.

_____ _____
Signature Date

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____