City of Taylor, MI
Freedom of Information Act
Request for Public Record

I request to (please check one): [ ] Receive a copy of the requested records [ ] Review the requested records

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Company Name (if applicable) or Organization (if any) ________________________________ Daytime Phone ________________________________

Requester’s Name ________________________________ Daytime Phone ________________________________

Address ________________________________________________________________________ Email ________________________________

City of Taylor ________________________________ State ______ Zip Code __________

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Specifically describe the public records you request. (If your request is unclear, imprecise, too general, over broad, or inaccurate, it may prevent the city from providing the records you seek.)

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I understand the city will charge a fee for copies of public records in the amount prescribed in the fee schedule as adopted by the Taylor City Council, labor costs will be charged when one quarter (1/4) hour or more of staff time is necessary to search, examine, review, copy, produce, or delete and separate exempt information from the records. If the estimated fee exceed $50.00, a deposit of one half (1/2) the total fee may be required. Further, I understand that under the law, the city has five (5) business days to respond to this request and may issue a notice extending the time for ten (10) additional business days. A written request made by facsimile, electronic mail, or other electronic transmission is not received by a public body until one (1) business day after the electronic transmission is made.

Signature of Requester ________________________________ Date __________

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Office Use Only
Received by ________________________________ Date __________

Extension ________________________________ Date __________

23555 Goddard Road, Taylor, MI 48180

REV. 052015