

City of Jackson

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231 et seq.

Date Received: _____
 Received via: Mail _____ Email _____ Fax _____ Personal Delivery: _____

(Please Print or Type)

Name	Phone
Firm/Organization	
Street	
City	State Zip
Email Address	

Request for: Copy Certified Copy Record Inspection

Delivery method: Will pick up Mail to address above Email to address above

Describe the public record(s) requested as specifically as possible. You may use this form or attach additional sheets:

Consent to Non-Statutory Extension of City's Response Time

I have submitted a request for records pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.* I understand that the City of Jackson must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the City's response time for this request until _____. (*month, day, year*)

Date

Requestor's Signature