



**City of Farmington**  
Freedom of Information Act Coordinator  
23600 Liberty Street  
Farmington, Michigan 48335  
mmullison@farmgov.com  
PHONE (248) 474-5500 x2218  
FAX (248) 473-7261

**REQUEST FOR DISCLOSURE OF RECORDS**

By Authority of the Michigan Freedom of Information Act 442, P.A. 1976, as amended.

ALL INFORMATION MUST BE TYPED OR PRINTED EXCEPT FOR WRITTEN SIGNATURE.

Requester's Name: \_\_\_\_\_

Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

**Choose One:** I wish to:     examine     receive a copy    of the following materials:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Choose One** (or more):

Form of Media I wish to receive this in:     Email     Flash Drive     Paper

Email address: \_\_\_\_\_

I understand the City of Farmington **must respond to my request within five (5) business days after it is received.** I also understand that, if necessary, the City of Farmington may take an **additional 10 business days** to fill my request, due to the diverse locations or large volume of materials. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal.

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_