

# City of Tawas City

## Michigan Freedom of Information Act – Request for Public Records

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Mailing Address (Include Zip Code)

(\_\_\_\_\_) \_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email

1. **State the name and provide a description of the public record you are requesting:**

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

2. **Regarding the document of interest, do you:**  want a copy or  just want to look at it

3. **Method of Access Desired:**  Pickup  Mail  Examine  Email

\_\_\_\_\_  
Signature of Requesting Individual

\_\_\_\_\_  
Date

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### TO BE COMPLETED BY CITY STAFF

#### Cost Assessment:

Labor  
(to nearest ¼ hr) \$ \_\_\_\_\_

Mailing \$ \_\_\_\_\_

Copy Charges  
(# of pages @ 10¢ per page) \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff Person Receiving Request