

**FREEDOM OF INFORMATION ACT
REQUEST FOR PUBLIC RECORD
CITY OF BRIGHTON**

FOIA # _____
Department _____
Date Filed _____

Name _____

Address _____

E-Mail _____

Phone _____

I request that the records be:

_____ Mailed

_____ E-mailed

_____ Call for pick-up

I request to have the public record(s) supplied to me in the following form: Inspection _____ Copies _____

Name and detailed description identifying public record desired: Non-paper Media _____

PAYMENT MUST BE RECEIVED PRIOR TO DELIVERY OF PUBLIC RECORDS.

I understand a public body must respond to my request within five (5) business days after it is received. The public body must grant or deny all or a portion of my request, or issue a notice extending the deadline ten (10) business days.

Signature

Date

RETURN COMPLETED FORM TO: Brighton City Clerk, 200 N. 1st Street, Brighton, MI 48116,
email: brownt@brightoncity.org, or Fax: 810-227-6420
