FREEDOM OF INFORMATION ACT
INFORMATION REQUEST
VILLAGE OF ALMONT
817 N. MAIN ST.
ALMONT, MI 48003
(810) 798-8528
FAX (810) 798-3397

NAME _____

ADDRESS _____

CITY_____ STATE _____ ZIP CODE_____

TELEPHONE:_____WORK:_____ CELL:_____

I am requesting the following information under the Freedom of Information Act. I understand that public officials have five (5) business days in which to obtain this information for me. If the information cannot be obtained within this time, I understand that I will be contacted. If the information I have requested is not covered under the Act and is considered confidential, I will be contacted. I hereby affirm that this information is for my private use only and will not be used in any illegal endeavor.

I understand that I am responsible for any reasonable costs incurred in compiling this information at the current rate of $18.50 per hour, $0.10 per photocopied page, postage costs and any other costs to produce the requested information.

I request an estimate of costs prior to the information being complied. I understand that this is an estimate only, not a binding cost figure.

_____ _____
Print Name Signature

_____ _____
Date Requested Date Completed

Please describe below the information you are requesting:

_____

_____

_____

_____

_____

I would like to make an appointment with the following:
_____. Please contact me.