

Almont Police Department



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Patrick S. Nael
Chief of Police

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

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 at 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 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 &17.80 per hour and \$0.10 per photocopied page plus postage costs.

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

Printed Name

Signature

Date of Request

Date Completed

Please describe below the information you are requesting:

I would like to make an appointment with the following: _____

Please contact me.