

**City of Frankfort, Michigan  
Freedom of Information Act Request Form**

City of Frankfort FOIA Coordinator  
412 Main St., P.O. Box 351  
Frankfort, MI 49635  
Phone (231) 352-7117 Fax (231) 352-7100

**Request For:**

- Copy
- Certified copy
- Record inspection
- Subscription to Record Issued on Regular Basis

**Delivery Method Upon Payment of Balance Due:**

- Pick up records in person
- Mail to address below

**Please Print or Type:**

|                   |       |          |
|-------------------|-------|----------|
| Name              | Phone |          |
| Firm/Organization | Fax   |          |
| Street            | Email |          |
| City              | State | Zip Code |

**Specific Description of Public Records (Please Use Back of Form If More Space Is Needed):**

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| Requestor's Signature  | Date |
| <input type="checkbox"/> <b>Consent to Non-Statutory Extension of Response Time</b><br><br>I have requested a copy of public records, a subscription to regularly issued public records, or the opportunity to inspect public records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, <i>et seq.</i> I understand that the City of Frankfort must respond to this request within five (5) business days after receiving it, and that the City's response may be extended for an additional 10 business days. However, I hereby agree to extend the deadline for the City's response to my request until: |      |
| Requestor's Signature  | Date |