



City Request No. \_\_\_\_\_

**Extended Information Request to City of Inkster  
Subject to the Freedom of Information Act (FOIA)**

email to: [FOIA@cityofinkster.com](mailto:FOIA@cityofinkster.com)

Mail to City Clerk's Office, City Of Inkster, 26215 Trowbridge, Inkster MI 48141

**Requestor:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ (W)

\_\_\_\_\_ **Telephone:** \_\_\_\_\_ (H)

**Email Address:** \_\_\_\_\_

**Information/Records Requested; Format needed** (continue on back if space needed):

**How do you want to receive this information?** \_\_\_\_\_Mail \_\_\_\_\_Pick it up \_\_\_\_\_E-Mail

If the scope of this request requires more than 1/2 hour of labor, a fee will be charged for the search, examination, review, and, if appropriate, the deletion and separation of exempt from nonexempt information as provided in Section 14 of the Freedom of Information Act. This fee is being charged because the failure to do so would result in unreasonably high costs to the City.

**FOR COMPLETION BY CITY:**

Date/Time Received: \_\_\_\_\_ Need by Date: \_\_\_\_\_

Date Fee Approved/ Deposit Received \_\_\_\_\_ Department assigned: \_\_\_\_\_

Completed Date: \_\_\_\_\_ Notified By: \_\_\_\_\_ ( ) Phone ( ) Mail ( ) In Person ( ) Email

Delivered Date: \_\_\_\_\_ Delivered By: ( ) Phone ( ) Fax ( ) Mail ( ) In Person ( ) Email

**DUPLICATION COSTS:**

(8 1/2 x 11) Paper Copies @\$ .10 X Number of Pages \_\_\_\_\_ \$ \_\_\_\_\_

(11 x 14) Paper Copies @\$ .10 X Number of Pages \_\_\_\_\_ \$ \_\_\_\_\_

Computer Media @ \$ \_\_\_\_\_ X Number of Disks: \_\_\_\_\_ \$ \_\_\_\_\_

[CD-R@ \$5.00 / DVD-R @ \$5.00 / Sleeve@ \$1.00]

**MAILING COSTS:** USPS /Ground Carrier \$ \_\_\_\_\_

Envelope Size/Cost: \_\_\_\_\_ /\$ \_\_\_\_\_ \$ \_\_\_\_\_

**LABOR COSTS:** (If more than 1/2 hr. clerical) \$ \_\_\_\_\_ per hour X Time: \_\_\_\_\_ \$ \_\_\_\_\_

**OTHER COSTS:** \$ \_\_\_\_\_

**TOTAL CHARGES:** \$ \_\_\_\_\_

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**PLEASE DO NOT SIGN UNTIL AFTER YOU HAVE RECEIVED DOCUMENTATION**

**Signature of Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_\_