



FREEDOM OF INFORMATION ACT REQUEST
60 EAST PIKE STREET, PONTIAC, MI 48342
Telephone: (248) 758-3942
Fax: (248) 430-8254

Name (Please Print Clearly)

Address

City, State, Zip

Phone Number

E-mail

I understand that the Library has five (5) business days to provide this information. The library may request an extension of up to ten (10) business days if needed to provide a response to this request.

Description of Public Record Requested: Describe in detail the information being requested. Please be specific. If the request is unclear, it could prevent the Library from providing the information.

I understand that there will be a charge for this request and agree to pay any/all costs associated. There will be no refunds.

Signature

Date