

FREEDOM OF INFORMATION REQUEST FORM
City of Benton Harbor

Date: _____

Name of Requesting Party: _____

Address: _____

Telephone: _____

Request/Description of document: _____

Requesting Party Wishes to: (Check One)

Have a copy of requested documents

Review documents at length in order to make an abstract from same

Review documents only

Signature of Requesting Party

***Payment Must Be Received Prior to Delivery of Public Records**

CITY USE ONLY

Requested documents are fully exempt.

Requested Documents contain no exempt information.

Requested Documents contain exempt information. Deletion necessary before release.

More time required; send extension letter to requesting party.

Lesia Osler
Freedom of Information Act Coordinator
269-927-8414 Office
269-927-0294 Fax

	<u>Police</u>	<u>Clerk</u>
City Personnel Costs	\$ _____	\$ _____
Reproduction Costs	\$ _____	\$ _____
Subscription Costs	\$ _____	\$ _____
Deposit (50%) if required	\$ _____	\$ _____
Total Costs:	\$ _____	