

City: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

City of St. Ignace
Mackinac County
396 N. State Street
St. Ignace, MI 49781
906-643-9671

sbaar@cityofstignace.com

Request Form

Note: Requestors are not required to use this form. The City may complete one for recordkeeping if not used.

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request No.: _____ Date Received: _____ Check if received via: ☐ Email ☐ Fax ☐ Other Electronic Method
Date delivered to junk/spam folder: _____

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

(Please Print or Type)

Date discovered in junk/spam folder: _____

Request for: ☐ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis

Delivery Method: ☐ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☐ Email to address above
☐ Deliver on digital media provided by the City: _____

Note: The City of **St. Ignace** is not required to provide records in a digital format or on digital media if the City does not already have the technological capability to do so.

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:

Consent to Non-Statutory Extension of City's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that the City of **St. Ignace** must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the City's response time for this request until: _____ (month, day, year).

Requestor's Signature

Date