



Felicia Rutledge, City Clerk
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City Request No. _____

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

email to: 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: \$ _____

To be completed at time of receipt:

Signature of Recipient: _____ **Date:** _____