

**City of St. Joseph**

700 Broad Street

St. Joseph MI 49085

Phone: (269) 983-6325 Fax: (269) 985-0347

Email: dkoroch@sjcity.com

**FOIA Request for Public Records**

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

Request for -  Copy  Certified copy  Record inspection  
Delivery Method:  Pick up records in person  Mail to address below  Email to address below

*Delivery will be provided as indicated upon receipt of all associated costs.*

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

*(Please Print or Type)*

**Describe the public record(s) as specifically as possible:**


Requestor's Signature	Date
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**Consent to Non-Statutory Extension of City's Response Time**

I have requested a copy of 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 must respond to this request within five (5) business days after receiving it (email submittals will be considered received on the next business day), and that response may include taking a 10-business day extension. However, I hereby agree to extend the City's response time for this request until: \_\_\_\_\_ (MM/DD/YYYY).

Requestor's Signature	Date
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