



# CITY OF ST. CLAIR SHORES FREEDOM OF INFORMATION DOCUMENT REQUEST

**Police Records only:**

St. Clair Shores Police Department

**Atten: Police FOIA**

27665 Jefferson

St. Clair Shores MI 48081

586.445-5315 Fax 586-776-7914

[Policerecords@scsmi.net](mailto:Policerecords@scsmi.net)

**General Records:**

Office of the City Clerk

**Atten: FOIA Coordinator**

27600 Jefferson

St. Clair Shores MI 48081

586.447.3303 Fax 586.445.0469

[cityclerk@scsmi.net](mailto:cityclerk@scsmi.net)

Pursuant to the Michigan Freedom of Information Act (P.A. 442 of 1976, as amended), I hereby request to be:

Please check only one:

- Provided with paper copies of the records described below
- Permitted to review copies of the records described below
- Provided records described in non-paper physical media or electronically mailed

Description of public record(s) requested (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of Applicant**

Please initial that you have read and understand the following statements:

- \_\_\_ The City has five (5) business days to respond if the request is submitted in person or through the mail and six (6) business days to respond if the request is submitted electronically (not counting the day the request is received).
- \_\_\_ If necessary, the City may issue a ten-day extension, which allows ten additional business days to search for the requested information.
- \_\_\_ Charges may include the hourly wage, or a portion thereof, of the lowest paid employee capable of performing the search, the cost for copying and retrieval of offsite records. Non-standard sized documents must be outsourced and will be charged at that cost.
- \_\_\_ I agree to pay copy, labor, and other media or electronically mailed costs (if applicable) for the above requested information established by City Council resolution.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ or \* Email \_\_\_\_\_

Fax: \_\_\_\_\_

**\*Public Act 523 of 2018 requires a requestor to provide complete name, address and contact information as noted by the asterisk(s) above for all requests other than for a person who qualifies as indigent.**