



**HOW WOULD YOU LIKE TO RECEIVE YOUR INFORMATION?**

**Please review the choices below and clearly fill out the section that states how you would like to receive your information:**

Check Choice	Choices	Regarding this choice
	Just Review Information	You must provide dates and times you are available to meet with the FOIA Coordinator
	Copies Made and Mailed or Picked Up	I understand that should the City of Algonac require outside sources to help in producing the information and additional costs may be charged to me.
	Emailed to me	Please provide email address:  _____
	USB or CD for copying	I will provide the device Or I will agree to pay the cost of the device as incurred by the City of Algonac.

**I have read the above information and completed the form to the best of my ability.**

**Signature of Requestor:** \_\_\_\_\_

**Date application made:** \_\_\_\_\_

**Who took application:** \_\_\_\_\_

**Date given to FOIA Coordinator:** \_\_\_\_\_

**Response sent to requestor on (date):** \_\_\_\_\_

\_\_\_\_\_ **grant of request**

\_\_\_\_\_ **partial grant/partial denial**

\_\_\_\_\_ **denial of request**

\_\_\_\_\_ **request for ten day extension**