



FREEDOM OF INFORMATION ACT REQUEST
CITY OF PONTIAC
47450 WOODWARD AVENUE, PONTIAC, MI 48342
Telephone: (248) 758-3133
Fax: (248) 758-3292

Name (Please Print Clearly)

Address

City, State, Zip

Phone Number

E-mail

I understand that the City of Pontiac has five (5) business days to provide this information. Also, the city may request an extension of up to ten (10) business days if needed to provide a response to this request.

- **Description of Public Record Requested:** Describe in detail the information being requested. Please be specific. If the request is unclear, it could prevent the City from providing the information.

- I would like to examine the document.
(If you would like to examine the document prior arrangements will need to be made)
- I would like a copy.

I understand that there will be a charge for this request and agree to pay any/all costs associated. There will be no refunds.

Signature

Date