



**CITY OF NEW BUFFALO
FREEDOM OF INFORMATION ACT REQUEST**

I hereby request the following documents under the Freedom of Information Act.
(Please be specific.)

I request to: View document(s) or Receive a copy of document(s)

Please note:

- There may be a charge for copies and/or labor for searching, copying and/or separating material. (Costs may be reduced if an email is provided for electronic response.)
- The City has 5 business days to respond and may request a 10-day extension.
- If charges exceed \$50, a good faith deposit of no more than 50% may be required.

Delivery method (upon full payment):

Pick up in person Email to address below Mail to address below

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

SIGNATURE _____ DATE _____

Instructions: Please mail, email or fax this form to:

City Clerk's Office - City of New Buffalo
224 West Buffalo Street
New Buffalo, MI 49117
phone 269-469-1500
fax 269-469-7917
afidler@cityofnewbuffalo.org