



REQUEST FOR INFORMATION

To be completed by person originating request:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Business: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_
5. Office Phone: \_\_\_\_\_
6. I request to: (check one)  
 Visually inspect  
 Copy by hand  
 Receive photocopies
7. I request the following specific records or information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this request for information will be responded to within five (5) working days. I understand that the City may charge fees to cover the cost of providing this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

100 East State Street, P. O. Box 477, St. Johns, Michigan 48879-0477  
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E-mail: csj@ci.saint-johns.mi.us