



CITY OF ROCHESTER HILLS REQUEST FOR PUBLIC RECORD

City Clerk's Office, 1000 Rochester Hills Dr., Rochester Hills MI
Telephone - 248-656-4630; Fax 248-656-4744

I request to (check on):

Receive a copy of the requested records

Review the requested records

Company Name (if applicable) or Organization (if any)	Daytime Phone Area Code () -	
Requester's Name	Daytime Phone Area Code () -	
Address	Email	
City	State	Zip

Specifically describe the public records you request. (If your request is unclear, imprecise, too general, overbroad or inaccurate, it may prevent the City from providing the records you seek.)

I understand the City will charge a fee for copies of public records in the amount prescribed in Chapter 54 [Fees](#) of the Rochester Hills Code of Ordinances, plus labor costs when ¼ hour or more of staff time is necessary to search, examine, review, copy produce or delete and separate exempt information from the records. If the estimated fee exceeds \$50, a deposit of up to ½ the total fee may be required. Further I understand the under the law, the City has five (5) business days respond to this request and may issue a notice extending the time for ten (5) additional business days. A written request made by facsimile, electronic mail, or other electronic transmission is not received by a public body until one (1) business day after the electronic transmission is made.

Signature: _____

Date: _____

Return this form to: City Clerk's Office, City of Rochester Hills, 1000 Rochester Hills Drive, Rochester Hills, MI 48309
or Fax to 248-656-4744 or E-mail to clerksoffice@rochesterhills.org

OFFICE USE ONLY:

Received by: _____ Date: _____

Extension: _____ Date Completed: _____