



City of Rochester

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FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR PUBLIC RECORD

I REQUEST COPY/COPIES OF PUBLIC RECORDS AS FOLLOWS:

Detailed description of public record(s) desired (attach additional sheets if necessary):

CONTACT INFORMATION:

Print Name: _____

Address: _____
(Street, City, State, and Zip Code)

Phone Number: _____ Email Address: _____

Preferred Delivery Method (availability may vary): Mail Email Pick-up

Applicant Signature: _____ Date: _____

COPY AND MEDIA FEE SCHEDULE

Paper:

8 1/2 x 11 and 8 1/2 x 14	\$.10 per page
11 x 17	\$.20 per page
Plotter paper/ink	\$1.00 per sheet (\$.38 page/\$.62 ink)

Other Media:

USB Flash Drive	\$6.00 (approximate purchase cost)
DVD/Disc	\$1.00 (approximate purchase cost)
Email of documents stored on computer	FREE
Outside vendor (Print Shop)	VENDOR PRICING

OFFICE USE ONLY

Date Received: _____ Date Completed: _____

Date Delivered: _____ Mail Email Pick-up

Deposit (over \$50.00) _____ Amount Due: _____ Date Received: _____

Status Comments: _____