

**City of Mt. Morris  
11649 N. Saginaw Street  
Mt. Morris, MI 48458  
(810) 686-2160**

**REQUEST FOR INFORMATION**

**TO BE COMPLETED BY PERSON ORIGINATING REQUEST:**

1.    **NAME:**\_\_\_\_\_
2.    **STREET ADDRESS:**\_\_\_\_\_
3.    **CITY:**\_\_\_\_\_
4.    **NAME OF BUSINESS:**\_\_\_\_\_
5.    **HOME PHONE:**\_\_\_\_\_
6.    **OFFICE PHONE:**\_\_\_\_\_
7.    **I REQUEST TO:**            **(Check One)**  
      \_\_\_\_a.    **Visually Inspect**  
      \_\_\_\_b.    **Copy By Hand**  
      \_\_\_\_c.    **Receive Photocopies**
8.    **I REQUEST THE FOLLOWING SPECIFIC RECORDS OR  
INFORMATION (Attach Separate Sheet If Necessary):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

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**SIGNATURE**

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**DATE**

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**FOR CITY USE ONLY:**

\_\_\_\_ **APPROVED**

**DATE:** \_\_\_\_\_

\_\_\_\_ **DENIED**

**SIGNATURE:** \_\_\_\_\_