



# CITY OF MILAN

147 WABASH STREET, MILAN MI 48160

PHONE: (734) 439-1501

www.milanmich.org

OFFICE OF THE  
CLERK

## REQUEST FOR PUBLIC RECORDS

\_\_\_\_\_ is requesting the following: (Printed name  
of person making request for records)

(Specifically describe each public record being requested)

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Signed: \_\_\_\_\_ Telephone

#: \_\_\_\_\_  
(Person Requesting Record)

Email Address: \_\_\_\_\_  
(Person Requesting Record)

Received by: \_\_\_\_\_

Date: \_\_\_\_\_  
City of Milan

FOIA Request transmitted

to: \_\_\_\_\_

### Extension of Response Time

The City of Milan's FOIA Policy requires the City to respond to your request within five (5) business days after receiving a request. Sometimes because of the nature of your request, unusual circumstances arise which prohibit the City from meeting the (5) five business day request period. Therefore, in an attempt to provide the City with enough time to gather the requested information, I authorize the extension of an additional ten (10) business days, which will be \_\_\_\_\_.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Person making request)

Received by: \_\_\_\_\_  
(City of Milan)

LAVONNA WENZEL  
CITY CLERK