

**FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS  
APPEAL FORM – TO APPEAL A DENIAL OF RECORDS**

MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, *et. seq.*

Copies of the City’s Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City’s website at: [www.ci.oak-park.mi.us](http://www.ci.oak-park.mi.us), and at Oak Park City Hall, 14000 Oak Park Blvd., Oak Park, MI, 48237. City Hall is open to the public Monday through Thursday from 8:00 A.M. to 5:00 P.M.

Mailing Address: City of Oak Park, Attn: FOIA Coordinator, 14000 Oak Park Blvd. Oak Park, MI 48237  
Tel. No.: (248) 691-7544 FAX No.: (248) 691-7167 E-Mail Address: [FOIACoordinator@ci.oak-park.mi.us](mailto:FOIACoordinator@ci.oak-park.mi.us)

For records maintained by the Department of Public Safety (i.e. accident reports, case/incident reports, etc.) the mailing address is 13800 Oak Park Blvd., Oak Park, MI 48237.  
Tel. No.: (248) 691-7526 FAX No.: (248) 691-7431 E-Mail Address: [PSFOIA@ci.oak-park.mi.us](mailto:PSFOIA@ci.oak-park.mi.us)

Request No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Submitted: \_\_\_ In-Person \_\_\_ By U.S. Mail \_\_\_ By Fax/Email

Date delivered to junk/spam folder: \_\_\_\_\_ Date discovered in junk/spam folder: \_\_\_\_\_

Requestor’s Name: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Firm/Organization: \_\_\_\_\_

Requestor’s Address: \_\_\_\_\_  
(STREET) (CITY & STATE) (ZIP CODE)

Requestor’s Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Request for:**  Copy  Certified Copy  Record Inspection

Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. Only if the City possesses the necessary technological capability to provide the records in the requested format)

Subscription to Record Issued on a Regular Basis

**Delivery Method:**  Will Pick-Up  Mail to Address Above  Email to Address Above

**DESCRIPTION OF PUBLIC RECORD(S) REQUESTED** – List here or attach a copy of original request

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(OVER)

**Reason(s) for Appeal**

The appeal must identify the reason or reasons the Requestor is seeking a reversal of the denial. You may use this form or attach additional sheets:

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**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City's Response:**

The City Council is not considered to have received a written appeal until the first regularly scheduled City Council meeting following submission of the written appeal. The City Council meets the first and third Monday of each month unless those dates fall on a legal holiday. The City must provide a response within 10 business days after the first regularly scheduled City Council meeting following submission of the written appeal unless the City has issued a notice extending for not more than 10 business days the period during which the City Council shall respond to the written appeal.

City Extension: The City is extending the date to respond to your Freedom of Information Act Appeal of the Denial of Records for no more than 10 business days, until \_\_\_\_\_ (month, day, year). Only one extension may be taken per Freedom of Information Act Appeal. The unusual circumstances warranting the extension are:

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Should you have any questions regarding this extension, please contact: \_\_\_\_\_ at (248) 691-\_\_\_\_\_.

**City Determination:**

Denial Reversed       Denial Upheld       Denial Reversed in Part and Upheld in Part  
The following previously denied record(s) will be released:

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**Notice of the Requestor's Right to Seek Judicial Review**

Under Section 10 of the Michigan Freedom of Information Act, MCL 15.240 you are entitled to appeal this denial to the City Council or to initiate an action in Oakland County Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure. If, after judicial review, the court determines that the City has not complied with MCL 15.235 in making its denial and orders disclosure of all or a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240. (Please see the attached document for additional information on your rights.)

\_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Signature of FOIA Coordinator or Representative**

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