



I request to (please check one): Receive a copy of the req	uested records F	Review the requested records	
Company Name (if applicable) or Organization (if any)	Daytime Phon	Daytime Phone	
Requester's Name	Daytime Phon	Daytime Phone	
Address	Email		
City of Taylor	State	Zip Code	
understand the city will charge a <u>fee for copies</u> of public records in the ame Council, labor costs will be charged when one quarter (1/4) hour or more of sor delete and separate exempt information from the records. If the estimated	staff time is necessary to sear	ch, examine, review, copy, produce	
equired. Further, I understand that under the law, the city has five (5) bextending the time for ten (10) additional business days. A written request ms not received by a public body until one (1) business day after the electronic	ade by facsimile, electronic n		
Signature of Requester	Date		
Office Use Only			
Received by	Date		

Office of the City Clerk - ph 734.287.6550 opt 6 - fax 734.374.1343 - www.cityoftaylor.com/cityclerk 23555 Goddard Road, Taylor, MI 48180