

Ann Arbor Area Transportation Authority Freedom of Information Act Request Form

Date:

To: Ann Arbor Area Transportation Authority

Requested by: _____
(NAME)

(ADDRESS)

(TELEPHONE)

Description of public records requested:

Nature of Request (check one below)

_____ Please provide a copy of the requested public records

_____ Please allow me an opportunity to inspect the requested public records prior to copying

Payment (check one below):

_____ I understand that Ann Arbor Area Transportation Authority may charge me a fee for providing copies of public records pursuant to the Ann Arbor Area Transportation Authority Freedom of Information Policy, including costs of copying, mailing, searching, examining, reviewing, separating, and redacting exempt information. Cost of copies are \$0.15 per letter size copies.

I agree that Ann Arbor Area Transportation Authority will respond to my request by _____ day of _____ month, _____ year.

(SIGNATURE)