REQUEST FOR PUBLIC RECORDS

XXXXX FOIA

SUBPOENA

TO

FOIA form- 2/8/2012

OFFICE OF THE CORPORATION COUNSEL 13615 MICHIGAN AVENUE, SUITE 8 DEARBORN, MICHIGAN 48126-3581 313.943.2035 FAX 313.943.2469

CITY, STATE, ZIP CODE New York, MY 10013	
DAYTIME TELEPHONE NUMBER646-292-8310	
DESCRIBE THE PUBLIC RECORDS AS SPECIFICALLY AS POSSIE	BLE
Joint Terrorism Task Force	
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I have requested a copy of records pursuant to FOIA. I understand that the Ci within five (5) business days after receiving it, except that the City may extend (10) business days. I hereby agree and consent to extending the time for the Ci I understand that I will have to pay for the materials before they will be released	the period for an additional te
SIGNATUREDATE	=
When the requested documents have been compiled, I would like	
When the requested documents have been compiled, I would like the documents MAILED to me. Send balance due (indicacopy of this form, to: City of Dearborn P.O. Box 4000, Dearb records will be mailed to you. <u>LIST CONTROL NUMBER ON CHEC</u> to PICK UP the documents. Pay balance due (indicated be 13615 Michigan Ave., Ste 3 (in concourse, across from City Cocredit/debit card (Visa is not accepted) is available at the Treasu	ated below), along with orn, Michigan 48126 and <u>K.</u> low) at Treasury Division uncil Office). Payment bury Division window only
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