



**CITY OF NEW BUFFALO  
FREEDOM OF INFORMATION REQUEST**

I hereby request the following documents under the Freedom of Information Act.  
(Please be specific.)

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I request to:  View document(s)      or       Receive a copy of document(s)

Please note:

- There may be a charge for copies and/or labor for searching, copying and/or separating material. (Costs may be reduced if an email is provided for electronic response.)
- The City has 5 business days to respond and may request a 10-day extension.
- If charges exceed \$50, a good faith deposit of no more than 50% may be required.

Delivery method (upon full payment):

Pick up in person       Email to address below       Mail to address below

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

City Clerk's Office - City of New Buffalo  
224 West Buffalo Street  
New Buffalo, MI 49117  
fax 269-469-1500  
phone 269-469-7917