



Chelsea Area Fire Authority

200 W. Middle Street

Chelsea, MI 48118

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<https://www.chelseafire.org>

Fire Chief – Robert A. Arbini

Proudly serving the City of Chelsea and Lima, Lyndon, and Sylvan Townships

TO BE COMPLETED BY REQUESTOR (PLEASE PRINT)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Name in Report: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(If different than Requestor's name)

Date / Time of Incident: \_\_\_\_\_ Incident #: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Request to:  Receive copy  Inspect record

Delivery Method:  Pick up records in person Mail to address:  above  below  
(Upon Payment of Fee)

Ship to: \_\_\_\_\_

FOIA requests are a \$20.00\* fee with an additional \$0.10 per page.  
\*If applicable, Fire Investigation Detail Report fees are \$50.00.  
Photos and or video on CD's/thumb drives, etc., if available, are \$35.

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

**CONSENT TO NON-STATUTORY EXTENSION OF CAFA's RESPONSE TIME**

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that CAFA must respond within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree to extend CAFA's response time for this request until \_\_\_\_\_.

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

**\*\*\*\*All FOIA requests shall be filled out and emailed to [ap@chelseafire.org](mailto:ap@chelseafire.org) Once the form has been submitted, you will receive an invoice for the amount. The FOIA will be released once it has been paid for.**