



Chelsea Area Fire Authority

200 W. Middle Street

Chelsea, MI 48118

O (734) 475-8755

F (734) 475-1967

<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 \$40.00* fee.

*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: _____