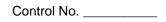
REQUEST FOR PUBLIC RECORD



Michigan Freedom of Information Act



PLEASE PRINT OR TYPE:

NI		Division	
Name:		Phone:	
Firm/Organization:		Fax:	
Street:	-	<u> </u>	
City:	State	: Zip:	
Email:			
Describe the public record(s) a	s specifically as possible:		
DELIVERY METHOD: □ Pick Please check if you would like	up □ Mail □ Email □ Fax the record(s) on digital media: □	☐ Schedule appointment to inspect record(s)	
Date	Requ	estor's Signature	
the organization or its clients and i		IA request. This request is made directly on behalf of with the mission and provisions of those laws under (Must fill out Waiver of Costs)	
☐ I am submitting an affidavit and	d requesting that I receive the discoun	nt for indigence. (Must fill out Affidavit of Indigency)	
	FOIA PROCEDURES & GUIDELINES AVAILABLE AT WWW.KALAMAZOO	S AND ITS WRITTEN PUBLIC SUMMARY ARE CITY.ORG/FOIA.	
	TO BE COMPLETED BY CIT	Y STAFF	
Date Received:	Staff Member:		
Check if received via: ☐ Email ☐	Fax ☐ Other Electronic Method	Date delivered to junk/spam folder: Date discovered in junk/spam folder:	