



REQUEST FOR PUBLIC RECORD
Michigan Freedom of Information Act

Control No. _____

PLEASE PRINT OR TYPE:

Form with fields: Name, Firm/Organization, Street, City, State, Zip, Phone, Fax, Email

Describe the public record(s) as specifically as possible:

Four horizontal lines for describing the public record(s)

DELIVERY METHOD: [] Pick up [] Mail [] Email [] Fax [] Schedule appointment to inspect record(s)

Please check if you would like the record(s) on digital media: []

Date _____ Requestor's Signature _____

[] I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. (Must fill out Waiver of Costs)

[] I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill out Affidavit of Indigency)

THE CITY OF KALAMAZOO FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT WWW.KALAMAZOOCITY.ORG/FOIA.

TO BE COMPLETED BY CITY 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: _____