REQUEST FOR PUBLIC RECORD
Michigan Freedom of Information Act

PLEASE PRINT OR TYPE:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
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<td>Firm/Organization:</td>
<td>Fax:</td>
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<td>Street:</td>
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<td>City:</td>
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Describe the public record(s) as specifically as possible:

__________________________________________________________________________________________
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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: __________

Attydocs\Carrie\forms\FOIA\request
Form created 4/2018