

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Name:		Firm/Organizatio	on:	
Street:		City:		
State:		Zip:		
Phone:		Fax:		
Email:				
Delivery Method: Mail	Pick-Up	Email		
Public Record Request:				
Parcel #:		County:		
Township:		Section:		
Street Address:		City:		
location please fill one out for each pr	operty/complain	<i>t. ***</i>		
Office Use Only:	1			
Date Received:	Log #:		Received Via: Email	For
Received By:	Forwarded T	0:	Mail	Fax In-Person
Released Date:	Released By:		Phone	11-1 013011
Date Delivered to junk/spam:	Date Discove junk/spam:	red in		

Please submit completed forms to foia@dhd10.org. Phone: 231-303-1805 Fax: 231-775-5372