



REQUEST FOR PUBLIC RECORD
Michigan Freedom of Information Act

PLEASE PRINT OR TYPE:

Name:		Phone:	
Firm/Organization:		Fax:	
Street:			
City:		State:	Zip:
Email:			

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

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
 certified copy of record(s)

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 EAST JORDAN FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE
AVAILABLE AT WWW.EASTJORDANCITY.ORG.

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: _____

Form created 5/2015