

Control No. _____

**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: Pickup Mail Email Fax Schedule appointment to inspect record(s)
 Please check if you would like record(s) on digital media paper copy of record(s)

 Date Requestor's Signature

I am a designated agent for the _____ 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 ROSE CITY FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT www.rosecitymi.org

TO BE COMPLETED CITY STAFF

Date Received: _____ Staff Member: _____
 Received via: Email Fax Other Method
 Date delivered to junk/spam folder: _____ Date discovered in junk/spam folder: _____