



REQUEST FOR PUBLIC RECORD
Michigan Freedom of Information Act

Control No. _____

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 apt. to inspect record(s)

Please check if you would like
the record(s) on digital media
certified copy of record(s)

Date Requester'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 ZEELAND FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT WWW.CI.ZEELAND.MI.US

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: