



Michigan Freedom of Information Act- Request for Public Records

Name of Requester: _____

Street Address: _____

City, State, Zip Code: _____

Contact Phone Number: _____

Contact Email: _____

Please state the name of the public record you are requesting and include the following:

Names Referred to in Record: _____

Date of Record: _____

Location of Event: _____

Specific Notes and Information: _____

Method of Access Desired: Pickup Mail Examine Email

Mailing Address (If different than above):

Name: _____

City: _____ State: _____ Zip Code: _____

Signature of Requester: _____

Date: _____

Return to:

City Manager/FOIA Coordinator
399 Quincy Street
Hancock MI 49930