



Request for Public Record

Michigan Freedom of Information Act

Name: _____ Phone: _____

Email: _____ Fax: _____

Street: _____ State: _____ Zip: _____

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

Delivery Method: Email Pick Up Mail 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 PA258, 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)

Please email completed form to foia@wcroads.org or mail to 555 N. Zeeb Road, Ann Arbor, MI 48103.

TO BE COMPLETED BY WCRC STAFF

Date Received: _____ Staff Member: _____

Check if received via: Email Drop Off Mail Other Electronic Method

Date delivered to junk/spam folder: _____

Date discovered to junk/spam folder: _____