



# 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:

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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](mailto: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: \_\_\_\_\_