



**Michigan Freedom of Information Act- Request for Public Records**

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

1. 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 Record, if known: \_\_\_\_\_

Other information helpful to identify the record: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Method of Access Desired:          Pickup          Mail          Examine          Email

3. Mailing Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_\_

Return to City Clerk  
Benjamin C. Marentette, MMC  
City Clerk/FOIA Coordinator  
400 Boardman Ave  
Traverse City, MI 49684  
231.922.4480  
tcclerk@traversecitymi.gov