



City of Traverse City

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 Event: _____

Specific Notes and Information: _____

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
400 Boardman Ave
Traverse City, MI 49684
231.922.4480