



MICHIGAN FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

**If you are requesting any records that may contain protected health information, or HIPAA information, please complete the "City of Traverse City Request for Access to Health Information" form on the next page.*

Full Name of Requester: _____

Full Address: _____

Phone #: _____ Email: _____

Is this request on your behalf? (circle one) **YES** **NO**

If no, on whose behalf is this request made? _____

Please note: Per MCL 15.233 (1), a requester must include the complete name, current and valid address, and current valid telephone number or electronic mail address for themselves if requesting on their own behalf. If requesting for another party, the information for that party is required. Address must be written in compliance with USPS addressing standards.

.....
Requested Public Record: _____

Names Referred to in Record: _____

Location of Record (if known): _____

Other information helpful to identify the Record: _____

Circle Desired Access Method(s): **Examine** **Pick up** **Email to me** **Mail to me**

Date

Signature of Requester

RETURN TO:

City Clerk/FOIA Coordinator
400 Boardman Ave
Traverse City, MI 49684
231.922.4480 | tcclerk@traversecitymi.gov



CITY OF TRAVERSE CITY

REQUEST FOR ACCESS TO HEALTH INFORMATION

I, _____, whose date of birth is _____, request
to **inspect** or **copy** (circle one) the following health information about _____
_____ contained in the City's records.

I understand that the City has 30 days to comply with my request and that it may in limited circumstances deny my request and, in the event that the City denies my request, the City shall provide me with an explanation in writing. If I do not agree with the denial, I may ask to have it reviewed by a person other than the person denying my request. I further understand that the City may charge a reasonable fee for the costs of copying, mailing or other supplies associated with my request, as allowed by law.

Date

Signature of Requester

Full Address: _____

Phone #: _____ Email: _____

.....

I _____ personally observed _____

sign this document before me, a notary public on the following date: _____.

Signature of Notary Public

Name of Notary Public

My Commission Expires

RETURN TO PRIVACY OFFICIAL

A Government-issued ID may be necessary.

City Clerk
400 Boardman Ave
Traverse City, MI 49684
231.922.4480 | tcclerk@traversecitymi.gov

FOR OFFICIAL USE ONLY

Date Received:

Action Taken (circle one): Granted Denied

Fee charged:

Reason for Denial (attach additional sheets if necessary):

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