



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