



Michigan Freedom of Information Act- Request for Public Records

Name of Requester: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Contact Email: _____

Is this request on your behalf? _____

If no, on whose behalf is the 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.

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

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