COUNTY OF MONTMORENCY

12265 M-32 | P.O. Box 789 | Atlanta, MI 49709 | (989) 785-8030

FOIA REQUEST FOR PUBLIC RECORDS

Michigan Freedom of Information Act, 1976 PA 442, MCL 15.231 et seq.

Use of this form is optional. A written request must include the requester information required by MCL 15.233 and must describe the public record sufficiently to enable the County to find it.

Requester Name *	
Organization (if applicable)	
Mailing Address *	
City / State / ZIP *	
Phone or Email *	

If requesting on behalf of a business or organization, include the complete name, address, and contact information of the individual agent making the request.

RECORDS REQUESTED

Describe the public records as specifically as possible. Include dates, departments, names, subjects, parcel/case numbers, or other details that may help locate the records.

REQUEST TYPE / DELIVERY

□ Electronic copy by email □ Paper copies □ Inspection of records □ Certified copy

□ Subscription to future issuances of a regularly issued record □ Other format, if technologically available: _____

Fee Discount (optional): □ I am requesting the statutory indigency discount and will provide the required affidavit. □ Qualifying nonprofit statutory discount.

Submit to:
County of Montmorency FOIA
Attn: Bill Scharfenberg, Assistant Controller
P.O. Box 789
Atlanta, MI 49709
asstcontroller@montcounty.org

COUNTY USE ONLY

Request No.		**Date Received**	
Response Due		**Extension Due**	

Method received: □ Email □ Mail □ Hand-delivered □ Other: _____