



City of
GRAND HAVEN, MICHIGAN

FOIA REQUEST FOR DISCLOSURE OF RECORDS

By Authority of the Michigan Freedom of Information Act 442, P.A. 1976, as amended

Please submit request to: Grand Haven City Clerk's Office
Freedom of Information Act Coordinator
519 Washington Avenue
Grand Haven MI 49417
www.grandhaven.org
PH (616) 847-4886
FX (616) 842-0648

Requester's Name:
Address (Street and Number):
City: State: Zip Code:
Home Phone: Business Phone:
Organization (if any):

I wish to [] examine [] receive a copy of the following materials:

Four horizontal lines for listing requested materials.

I hereby request a waiver or reduction in fees as provided in Section 4(1) of F.O.I.A. because:

[] I am indigent or receiving public assistance (proof attached)

I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explanation of my right to appeal.

Signature of Requester X Date

Table with 4 columns: Details of Charges, Labor, Copying, Mailing, TOTAL, Less Payment Received, Balance Due. Includes dollar signs and blank lines for amounts.