



530 N Rose Street Kalamazoo MI 49007
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REQUEST FOR PUBLIC RECORD

Control No. _____
Michigan Freedom of Information Act

PLEASE PRINT OR TYPE:

Name:	Phone:	
Firm/Organization:	Fax:	
Street:		
City:	State:	Zip:
Email:		

Describe the public record(s) as specifically as possible:

DELIVERY METHOD: Pick up Mail Email Fax Schedule appointment to inspect record(s)

Please check if you would like:

- Record(s) on digital media
- Certified copy of record(s)

Signature: _____ Date: _____

I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. (Must fill out Waiver of Costs)

I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill out Affidavit of Indigency)

THE METRO FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT
<http://www.kmetro.com/resources/freedom-information>

TO BE COMPLETED BY STAFF

Date Received: _____ Staff Member: _____

Check if received via: Email
 Fax
 Other _____