

CLINTON COUNTY, MICHIGAN

REQUEST FOR INFORMATION UNDER FREEDOM OF INFORMATION

Date:

County Department or Office Request Submitted to:

Requestor Information	Name	_____
	Address	_____
	City	_____
	State/Zip	_____
	Telephone	_____
	Fax (if available)	_____
	Email (if available)	_____

Please print a brief description of information desired:\*. (Attach additional page(s) if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The County may respond with an estimated fee or other appropriate response.

Requestor's Acknowledgment:

I hereby request a copy of the above information and agree to pay the charges. If the fee exceeds \$50, a deposit of 1/2 of the estimated fee will be required before response.

\_\_\_\_\_  
Requestor's Signature

*If you require assistance with writing or translating, please contact the FOIA Coordinator, 100 E. State Street, Suite 2100, St. Johns, Michigan 48879.*