

FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Document Requested: _____

SIGNATURE: _____

Method of Access to Record:

- Mail to Requestor/Give to Requestor
- Mail to (If Different Than Requestor) _____
- Inspect Copies at Gladwin City Hall

<u>FOR OFFICE USE ONLY</u>	
Person Receiving Request:	
Date Request Received:	
Action Taken:	
Date Request Completed:	