FREEDOM OF INFORMATION ACT REQUEST FORM (FOIA)

(To be completed by the requestor)

Date: __________________________

FOIA Coordinator/Health Officer
Sanilac County Health Department
171 Dawson Street, Suite 123
Sandusky, Michigan 48471

Phone: (810) 648-4098
Fax: (810) 648-2646

Dear Health Officer:

In accordance with the Freedom of Information Act (MCL 15.231 et seq, Public Act 553 of 1997), as amended, and the Sanilac County Health Department Freedom of Information Act Request Policy, I am asking for the following information:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I understand the Act allows a public body to charge a fee and that I will be notified of same.

PLEASE PRINT CLEARLY

Name: ___________________________ Email: ___________________________

Address: __________________________________________________________

City/State/Zip Code: ________________________________________________

Phone: ___________________________ Fax: ___________________________

Respectfully,

_________________________________________

Requestor’s signature