



Macomb/McDonough County Communications Center

FREEDOM OF INFORMATION REQUEST FORM

Date of Request: _____
(A response to or denial of a request will be within five (5) working days after its receipt.)

PLEASE PRINT

Name of Requestor: _____

Company Name: _____

Address: _____
 Number & Street City State Zip Code

Telephone Number: _____

Documents/Records Requested: Please be as specific as possible, including dates, times, names of parties involved, etc. Without complete information your request will be delayed while the FOI Clerk contacts you for additional information.

I am requesting the documents/records for: Inspection Only Copy Requested

Purpose of Request:
Please specify the reason for documents/records.

Research Personal Information News Coverage
 Commercial Use Other (Please Specify)

Processing of Records: (Please check one)
 I will pick up the requested documents/records. Please call me when they are ready.
 Please mail the requested documents/records to the address above.

Requestor's Signature

For Office Use Only

Date Request Received: _____ FOI Clerk: _____

Date Records Due: _____ Delivery Method: _____