

FREEDOM OF INFORMATION REQUEST

Please fill out the information below and return your request to:

Danielle Leach, City Clerk, FOIA Coordinator
P. O. Box 455
Mackinac Island, MI 49757

Phone: (906) 847 - 3702

Fax: (906) 847 - 6430

Email: clerk@cityofmi.org

Your name: _____

Your mailing address: _____

Your phone number: _____

Your Email: _____

What are you requesting: _____

Please list date incident occurred: _____

Please list place incident occurred: _____

Please list time incident occurred: _____

Department you are requesting documentation from: _____

Please give any additional information that may be helpful in locating the requested documentation: _____

There may be a monetary charge for producing requested documents.
An estimated charge will be given prior to any documents being released.
If a charge occurs, please make checks payable to:

City of Mackinac Island
P.O. Box 455
Mackinac Island, MI 49757

Requestor's Signature: _____

Requestor's Printed Name: _____

Today's Date: _____