

FREEDOM OF INFORMATION REQUEST

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

Danielle Wightman, FOIA Coordinator
P. O. Box 455
Mackinac Island, MI 49757

Your name: _____

Your mailing address: _____

Your phone number: _____

What are you requesting: _____

Please list date incident occurred: _____

Please list place incident occurred: _____

Please list time incident occurred: _____

From what department are you asking documentation: _____

Please give any additional information that may be helpful: _____

There is a monetary charge for producing requested documents. You will be given an estimate of charges prior to any document release.

Please make checks payable to:

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

Your Signature: _____

Phone: (906) 847 - 3702

Fax: (906) 847 - 6430

Email: clerk@cityofmi.org