

JOSEPH G. KUSPA
Mayor

JANICE M. FERENCZ
City Clerk

JAMES E. DALLOS
Treasurer



City of Southgate

NORMA J. WURLINGER
MUNICIPAL BUILDING

- CITY COUNCIL -

JOHN GRAZIANI
Council President

KAREN E. GEORGE

MARK FARRAH

BILL COLOVOS

DALE W. ZAMECKI

PHILLIP J. RAUCH

CHRISTOPHER P. ROLLET

REQUEST FOR PUBLIC RECORD

Michigan Freedom of Information Act (FOIA)

PLEASE PRINT OR TYPE

Control No. _____

Name:	Phone:	Fax:
Firm/Organization:	Email:	
Street:		
City:	State:	Zip:

Describe the public record(s) as specifically as possible:

DELIVERY METHOD: Pick up Mail Email Fax Schedule appointment to inspect record(s)

Please check if you would like the record on digital media
 certified copy of record(s)

Date

Requestor's Signature

I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. (Must fill out Waiver of Costs)

I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill out Affidavit of Indigence)

The City of Southgate FOIA procedures & guidelines and its written summary are available at:
<http://www.southgatemi.org/userfiles/myadmin/FOIA%20Form.pdf>

TO BE COMPLETED BY CITY STAFF

Date received: _____ Staff Member: _____

Received via: Email Fax Other Electronic Method Date Delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____