

JOSEPH G. KUSPA  
Mayor

JANICE M. FERENCZ  
City Clerk

CHRISTOPHER P. ROLLET  
Treasurer



- CITY COUNCIL -

ZOEY KUSPA  
Council President  
CHRISTIAN GRAZIANI  
BILL COLOVOS  
MARK FARRAH  
KAREN E. GEORGE  
PHILLIP J. RAUCH  
DALE W. ZAMECKI

**City of Southgate**  
**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:

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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 Indigency)

The City of Southgate FOIA procedures & guidelines and its written summary are available at:  
<http://www.southgatemi.org/userfiles/myadmin/Request%20for%20Public%20Record%20updated%202015.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: \_\_\_\_\_