



City of Grand Haven
Freedom of Information Act Coordinator
519 Washington Avenue
Grand Haven MI 49417
PHONE (616) 847-4886
FAX (616) 842-0648

REQUEST FOR DISCLOSURE OF RECORDS

By Authority of the Michigan Freedom of Information Act 442, P.A. 1976, as amended

Requester's Name: _____

Address (Street and Number): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Organization (if any): _____

I wish to ☐ examine ☐ receive a copy of the following materials:

I hereby request a waiver or reduction in fees as provided in Section 4(2) of FOIA. because:

- ☐ I am indigent or receiving public assistance (signed statement of proof attached)
☐ I represent a nonprofit organization of the type described in Section 4(2)(b) of the FOIA.

I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explanation of my right to appeal.

Signature of Requester _____ Date _____