



**FREEDOM OF INFORMATION ACT REQUEST\***

Date: \_\_\_\_\_

I am requesting information on: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of public record(s) being sought regarding the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. I hereby agree to reimburse the City of Allegan for any costs incurred in processing this request that are allowable under the Michigan Freedom of Information Act.

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

\*this form is intended to assist in the compliance of the law. If you have any questions, please contact the FOIA Coordinator, Danielle Bird, City Clerk at 269-673-5511 ext. 226.