

ATTACHMENT C

FREEDOM OF INFORMATION ACT REQUEST FORM

I, _____, am requesting under the
Freedom of Information Act, the following public records: (Please Print) _____

My address is _____
Street City State Zip Code

Telephone Number _____

I understand that Montcalm County will be responding to these items pursuant to the Freedom of Information Act.

Signature Date

FOR MONTCALM COUNTY USE ONLY

Date Received Received By