

Montcalm County Office of the County Controller

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989-831-7300 Fax 7375 www.montcalm.org

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 _____ Email _____

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