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**FOIA Request for Public Records**  
**Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.**

Request to:  Receive Copy  
Delivery Method (*upon payment of balance due*):  
 Pick up records in person    Mail    Fax

*(Please Print or Type)*

Name:	Phone:
Firm/Organization:	Fax:
Street:	Email:
City/State:	Zip:

**STATEMENT OF APPLICANT:** I am requesting copies under FOIA. Based on Human Development Commission's (HDC's) approved FOIA Policy, I understand that I may be required to pay a fee for the processing of my request. I understand HDC must respond to my request within five (5) business days after it is received. HDC must grant or deny all, or a portion of my request, or issue a notice extending for ten (10) business days. I further understand that if I withdraw my request after HDC has begun work on the request, I will be responsible for all costs incurred by HDC up until the point of withdrawal.

**Describe the public record(s) as specifically as possible:**


Requestor's Signature: \_\_\_\_\_

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

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_

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

Written    Electronic