**Library:** Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

Bridgeport Public Library

3399 Williamson Road

Saginaw, MI 48601

(989)777-6030 Fax 777-6880

## FOIA Request for Public Records

**Request Form** *Note: Requestors are not required to use this form. The Library may complete one for recordkeeping if not used.*

### Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq*.

#### Request No.:

Date Received:

Check if received via: Email Fax Other Electronic Method Date delivered to junk/spam folder:

*(Please Print or Type)* Date discovered in junk/spam folder:

**Request for:** Copy Certified copy Record inspection Subscription to record issued on regular basis

|  |  |  |
| --- | --- | --- |
| Name |  | Phone |
| Firm/Organization |  | Fax |
| Street |  | Email |
| City/Township | State | Zip |

**Delivery Method:** Will pick up Will make own copies onsite Mail to address above Email to address above Deliver on digital media provided by the Library :

***Note:*** *The Library is not required to provide records in a digital format or on digital media if the Library does not already have the technological capability to do so.*

**Describe the public record(s) as specifically as possible.** You may use this form or attach additional sheets**:**

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| **Requesting Person’s Signature** | **Date** |