

JOSEPH G. KUSPA
Mayor

JANICE M. FERENCZ
City Clerk

CHRISTOPHER P. ROLLET
Treasurer



City of Southgate

- CITY COUNCIL -

ZOEY KUSPA
Council President
CHRISTIAN GRAZIANI
BILL COLOVOS
KAREN E. GEORGE
PHILLIP J. RAUCH
PRISCILLA AYRES-REISS
GREG KOWALSKY

REQUEST FOR PUBLIC RECORD Michigan Freedom of Information Act (FOIA)

PLEASE PRINT OR TYPE

Control No. _____

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

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

DELIVERY METHOD: Pick up Mail Email Fax Schedule appointment to inspect record(s)

Please check if you would like the record on digital media certified copy of record(s)

Date

Requestor's Signature

I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. (Must fill out Waiver of Costs)

I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill out Affidavit of Indigency)

The City of Southgate FOIA procedures & guidelines and its written summary are available at:
https://www.southgatemi.org/government/freedom_of_information_act.php

TO BE COMPLETED BY CITY STAFF

Date received: _____ Staff Member: _____

Received via: Email Fax Other Electronic Method Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____