

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR PUBLIC RECORDS

(Please Print or Type)

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

Under the Freedom of Information Request Act, I am requesting the following public records(s) from the City of Alpena (use additional sheets as necessary).

Clerk's Use:

Date Received: (Stamp)

Received By