

**CITY OF SAGINAW - REQUEST FOR PUBLIC RECORD**

DEPARTMENT: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

REQUESTED FORM: WRITTEN \_\_\_\_\_ ELECTRONIC \_\_\_\_\_ INSPECTION \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME AND BRIEF DESCRIPTION IDENTIFYING PUBLIC RECORD(S) DESIRED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be responsible for the payment of all fees associated with fulfilling this request. I further understand that if I withdraw my request after the City has begun work on the request, I will be responsible for all costs incurred by the City of Saginaw up until the point of withdrawal.

\_\_\_\_\_  
SIGNATURE

**FOIA REQUEST FORMS CAN BE SENT TO:**  
City Manager's Office  
ATTN: FOIA Coordinator  
1315 S. Washington Avenue  
Saginaw, MI 48601  
or  
VIA EMAIL TO [FOIA@SAGINAW-MI.COM](mailto:FOIA@SAGINAW-MI.COM) OR FAX TO 989-759-1607