



FREEDOM OF INFORMATION ACT REQUEST FORM

CITY OF MARQUETTE
300 W. BARAGA AVE
MARQUETTE, MI 49855
Phone: 906-228-0430
Email: clerk@marquettetemi.gov

This request form is for **non-police related documents**.
If you want to request police related documents visit: www.marquettetemi.gov/departments/police

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

First Name

Last Name

Firm or Organization – If applicable

Phone

Email

Address

City

State

Zip

Please note: Per MCL 15.233 (1), a requester must include the complete name, current and valid address, and current valid telephone number or electronic mail address for themselves if requesting on their own behalf. If requesting for another party, the information for that party is required. Address must be written in compliance with USPS addressing standards.

Clerk's Office Use Only

Date Request Was Received: _____ Request Number: _____

Date Request was Delivered to Spam/Junk: _____

