



## FREEDOM OF INFORMATION ACT REQUEST FORM

**CITY OF MARQUETTE**  
**300 W. BARAGA AVE**  
**MARQUETTE, MI 49855**  
**Phone: 906-228-0430**  
**Email: [clerk@marquettetemi.gov](mailto: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](http://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: \_\_\_\_\_

