

## FOIA Receipt Form

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

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

Amount Due: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_