

FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, *et. seq.*

Copies of the DRCFA's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on: the DRCFA's website at www.DRCFA.org; the Cobo Center website at www.cobocenter.com; and at the Cobo Convention Center, One Washington Boulevard, Detroit, MI 48226.

Mailing Address: Detroit Regional Convention Facility Authority
Attn: FOIA Coordinator
One Washington Boulevard
Detroit, MI 48226

Tel. No.: (313) 877-8291 FAX No.: (313) 877-8274 E-Mail Address: DJasion@DRCFA.org

PLEASE PROVIDE THE FOLLOWING INFORMATION

Requestor's Name: _____
(LAST) (FIRST) (MI)

Firm/Organization: _____

Requestor's Address: _____
(STREET) (CITY & STATE) (ZIP CODE)

Requestor's Telephone No.: _____ Email Address: _____

- Request for:** Copy Certified Copy Record Inspection
 Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. Only if the DRCFA possesses the necessary technological capability to provide the records in the requested format)
 Subscription to Record Issued on a Regular Basis

Delivery Method: Will Pick-Up Mail to Address Above Email to Address Above

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED – You may attach additional sheets if necessary

Describe in detail the documentation/information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could prevent the DRCFA from providing the documentation/information. Include information such as property address, sidwell number, incident number, date of occurrence, time frame of records requested, etc.

Requestor's Signature: _____ Date: _____

FOR DRCFA USE ONLY:

SUBMITTED: ___ IN-PERSON ___ BY U.S. MAIL ___ BY FAX/EMAIL DATE FILED: _____

ACCEPTED/RECEIVED BY: _____ FOIA REQUEST NO.: _____

FIVE (5) DAY RESPONSE DATE: _____ TEN (10) DAY EXTENSION DUE DATE: _____

RESPONDING DEPARTMENT(S)/DIVISION(S): _____