



*St.
Ignace, Michigan 49781*

*396 N. State Street * St. Ignace, MI 49781
Phone: 906-643-9671 * Fax: 906-643-9393*

**Freedom of Information Act
Request Form**

Applicant Name: _____

Document(s) Requested: Please be VERY specific about the documents you would like to request.

Signature of Applicant: _____

Date: _____ Phone Number: _____

DO NOT WRITE BELOW THIS LINE FOR CITY OFFICIAL ONLY

Date Received: _____ Received By: _____

Date of Response: _____ Method of Delivery: _____

Fees: _____