CITY OF ALPENA

City of Alpena MICHIGAN Clerk/Treasurer

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR PUBLIC RECORDS

(Please Print or Type)

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Under the Freedom of Information Request Act, I am requesting the following public records(s) from the City of Alpena (use additional sheets as necessary).

Clerk's Use:

Date Received: (Stamp)

Received By