

CITY OF SOUTH LYON  
REQUEST FOR PUBLIC RECORD  
MICHIGAN FREEDOM OF INFORMATION ACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Firm/Organization: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the public record(s) as specifically as possible:

---

---

---

---

---

---

---

---

DELIVERY METHOD (please circle your choice) PICK UP MAIL EMAIL FAX  
DIGITAL MEDIA (CD, DVD)

SCHEDULE APPOINTMENT TO INSPECT RECORD(S)

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

- I am designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974, PA 258, MCL 330.1931. (Must fill out waiver of costs)
- I am submitting an affidavit and requesting that I receive the discount for indigence. (must fill out Affidavit of Indigency)

**THE CITY OF SOUTH LYON FOIA PROCEDURES AND GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT [WWW.SOUTHLIONMI.ORG](http://WWW.SOUTHLIONMI.ORG)**

---

**To be completed by City office staff only**

Date received \_\_\_\_\_ Staff Member \_\_\_\_\_

Received Via: Email Fax Other Electronic Method Date discovered in junk/spam folder: \_\_\_\_\_