

ENVIRONMENTAL HEALTH DIVISION
Shiawassee County Health Department
Third Floor, Surbeck Building
201 N. Shiawassee Street
Corunna, Michigan 48817
Phone: (989) 743-2390
Fax: (989) 743-2413

REQUEST FOR DISCLOSURE OF PUBLIC RECORD
(Freedom of Information Request Form)

Date of Request _____

Requested by: _____
Address: _____

Telephone: () _____

Nature of request and description of public records sought: **(Be specific on what you are requesting:**

Address: _____ Township: _____ Sec. No _____

Date: _____, 20____ X _____
(Signature)

Please **PRINT** name here: _____

I agree that the public body need not respond to my request until the _____ day of
_____, 20____.

Date: _____ X _____
(Signature)

Information released: Date _____ Initials _____