

**CITY OF MASON
MICHIGAN
REQUEST FOR COPIES OF PUBLIC RECORDS**

To the City of Mason, Michigan FOIA Coordinator:

I hereby request copy/copies of the public records, as follows:

Item Number	Description of Public Record (Be Specific)

(Please feel free to use the other side to list information if needed.)

Signature of Applicant

Print Name

Address (Street, City, State and Zip Code)

Phone Number

Date

FOR OFFICE USE ONLY:	
_____ Date Received	_____ Signature
_____ Date Due (5 business days or 6 business days if request received by fax, e-mail, or other electronic transmission)	