



# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

[www.mmdhd.org](http://www.mmdhd.org)

**CLINTON**  
Branch Office  
1307 E. Townsend Rd.  
St. Johns, MI 48879-9036  
(989) 224-2195

**GRATIOT**  
Branch Office  
151 Commerce Drive  
Ithaca, MI 48847-1627  
(989) 875-3681

**MONTCALM**  
Branch Office  
615 N. State St., Ste. 1  
Stanton, MI 48888-9702  
(989) 831-5237

**ADMINISTRATIVE OFFICES**  
615 N. State St. Ste. 2  
Stanton, MI 48888-9702  
(989) 831-5237

**MARK W. (MARCUS) CHEATHAM**  
Health Officer

**JENNIFER MORSE, MD**  
Medical Director



## REQUEST FOR PUBLIC RECORD

May be returned via fax:

Clinton County 989-224-4300

Gratiot County 989-875-1049

Montcalm County 989-831-9227

TO: MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

I request the following (**Must check one**):

- 1. Inspect
- 2. Make a memo, abstract or handwritten copy
- 3. Receive a copy for a charge of the following record:  
(Copies \$.10 per page, Labor \$4.73 per ¼ hour)

Township: \_\_\_\_\_ Section # \_\_\_\_\_

Address: \_\_\_\_\_

Previous Homeowner Name: \_\_\_\_\_

Subdivision or Lake Name and Lot # \_\_\_\_\_

Type of Information being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Person making request)

Office Use Only:	
Date Received	_____
File Search	_____
Examined By	_____

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_