

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 _____