FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, et. seq.

Copies of the DRCFA’s Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on: the DRCFA’s website at www.DRCFA.org; the Huntington Place website at www.huntingtonplacedetroit.com; and at Huntington Place, One Washington Boulevard, Detroit, MI 48226.

Mailing Address: Detroit Regional Convention Facility Authority
Attn: FOIA Coordinator
One Washington Boulevard
Detroit, MI 48226

Tel. No.: (313) 877-8291 FAX No.: (313) 877-8274 E-Mail Address: DJasion@DRCFA.org

PLEASE PROVIDE THE FOLLOWING INFORMATION

Requestor’s Name: __________________________________________ (LAST) (FIRST) (MI)

Firm/Organization: __________________________________________

Requestor’s Address: __________________________________________
(STREET) (CITY & STATE) (ZIP CODE)

Requestor’s Telephone No.: __________________________ Email Address: __________________________

Request for: □ Copy □ Certified Copy □ Record Inspection
□ Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. Only if the DRCFA possesses the necessary technological capability to provide the records in the requested format)
□ Subscription to Record Issued on a Regular Basis

Delivery Method: □ Will Pick-Up □ Mail to Address Above □ Email to Address Above

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED – You may attach additional sheets if necessary

Describe in detail the documentation/information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could prevent the DRCFA from providing the documentation/information. Include information such as property address, sidwell number, incident number, date of occurrence, time frame of records requested, etc.

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Requestor’s Signature: ______________________________ Date: __________________________

FOR DRCFA USE ONLY:

SUBMITTED: _____ IN-PERSON _____ BY U.S. MAIL _____ BY FAX/EMAIL DATE FILED: __________________________

ACCEPTED/RECEIVED BY: __________________________ FOIA REQUEST NO.: ____________

FIVE (5) DAY RESPONSE DATE: _________________ TEN (10) DAY EXTENSION DUE DATE: __________________________

RESPONDING DEPARTMENT(S)/DIVISION(S): __________________________