



REQUEST FOR PUBLIC RECORDS City Of Plainwell

Name and brief description identifying public record desired:

Name _____ Company (If any) _____ Address _____ Phone _____	FOIA # _____ Department _____ Request: Written: _____ Electronic: _____ Record Number (if any) _____ Date filed: _____
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I request to have the following public record(s) supplied to me:
Name and brief description identifying the public record desired

I understand a public body must respond to my request within five (5) business days after it is received. The public body must grant or deny all or a portion of my request, or issue a notice extending for ten (10) business days the period in which the public body must respond to my request.

Signature _____

For Office Use Only:

Recommendation: _____ Release / _____ Release w/o personal information / _____ Deny

Authorizing signature _____ Date _____