Freedom of Information Act
Public Records Request

Date: _____ Time: _____

Name: _____

Address: _____
Street City State Zip

Phone Number: _____ Email: _____

Fax Number: _____

Delivery Method: ☐ Mail ☐ Email ☐ Pick-up at Administration

Signature: _____

Public Records Request:

_____
_____
_____
_____

Reason for Request:

_____
_____
_____
_____

For questions contact Administration, FOIA Coordinator, at (231)779-9453 or at foia@wexfordcounty.org. Historic Courthouse, 437 E. Division, Cadillac, MI 49651.