



General FOIA Request Form

Send to: 601 Avenue A
Springfield, MI 49037
OR
nhenne@springfieldmich.com

Date Requested: _____

Name of Requestor: _____

Requestor's Address: _____

City/State/ZIP: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Please describe in detail the public records you are requesting

Signature of Requestor: _____

The City of Springfield will respond to this request within five (5) working days from the date the request was received. The City may notify you that it will take an additional ten (10) days to respond.

OFFICE USE ONLY

Date request was received: _____

Request: Denied – Granted – Granted in Part

Date request was responded to: _____ Response method: Email – Mail