

JOSEPH G. KUSPA
Mayor

JANICE M. FERENCZ
City Clerk

CHRISTOPHER P. ROLLET
Treasurer



- CITY COUNCIL -

ZOEY KUSPA
Council President

CHRISTIAN GRAZIANI

KAREN E. GEORGE

PRISCILLA AYRES-REISS

PHILLIP J. RAUCH

ADRIENE PRICE

ED GAWLIK JR.

City of Southgate

REQUEST FOR PUBLIC RECORD

Michigan Freedom of Information Act (FOIA)

PLEASE PRINT OR TYPE

Control No. _____

Name:	Phone:	Fax:
Firm/Organization:	Email:	
Street:		
City:	State:	Zip:

Describe the public record(s) as specifically as possible:

DELIVERY METHOD: ☐ Pick up ☐ Mail ☐ Email ☐ Fax ☐ Schedule appointment to inspect record(s)
Please check if you would like ☐ the record on digital media
☐ certified copy of record(s)

Date

Requestor's Signature

☐ I am a designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. (Must fill out Waiver of Costs)

☐ I am submitting an affidavit and requesting that I receive the discount for indigence. (Must fill out Affidavit of Indigence)

The City of Southgate FOIA procedures & guidelines and its written summary are available at:

<http://www.southgatemi.org/userfiles/myadmin/Request%20for%20Public%20Record%20updated%202015.pdf>

TO BE COMPLETED BY CITY STAFF

Date received: _____ Staff Member: _____

Received via: ☐ Email ☐ Fax ☐ Other Electronic Method Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

