



FOIA REQUEST FOR PUBLIC RECORDS

REQUESTED BY:

Name _____

Business/organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Delivery method preferred

- Email (may be sent encrypted)
- USPS mail
- Fax
- Will pick up

Describe the record(s) requested and the purpose of this request. Be as specific as possible

PLEASE EMAIL THIS FORM TO: tinac@vbcassdhd.org or fax 269 621-2725 or mail to Lawrence address shown below

Health Dept use only:

Date received _____ by _____

Date processed _____ by _____

of pages _____ Amount billed _____ Date billed _____