



Freedom of Information Act (FOIA) Request Form

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Requestor Information:

Name _____ Date _____

Business/organization _____ Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Delivery Method:

☐ Email (may be sent encrypted) ☐ Mail to the address above ☐ Email to address above ☐ Will pick up

Record(s) Request:

Describe the record(s) requested as specifically as possible.

For Environmental Health (well and septic) records:

Email EH-FOIA@vbcassdhd.org, fax to 269-621-2725,
or mail to 260 South Street, Lawrence MI 49064.

For all other records:

Email ljaramillo@vbcassdhd.org, fax to 269-621-2725,
or mail to 260 South Street, Lawrence MI 49064.

Health Department Use Only:

Date Received _____ Date processed _____ Processor _____

of pages _____ Billed amount _____ Date billed _____

