

**CITY OF MARQUETTE**  
City Hall, 300 W. Baraga Avenue  
Marquette, Michigan 49855  
906 - 228 - 0430

FREEDOM OF INFORMATION ACT REQUEST FORM

1. Name and address of requester:

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2. Description of public records held by City that are requested:

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3. This requested information should be :

\_\_\_\_\_ Mailed to (If different than Line 1): \_\_\_\_\_

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\_\_\_\_\_ Faxed at requester's direction to (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Viewed at the City Hall or facility where the record is located during normal business hours or at a mutually and reasonably convenient time determined to be \_\_\_\_\_

\_\_\_\_\_ To be picked up in person at City office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number