



CITY OF WALKER, MICHIGAN

**FREEDOM OF INFORMATION ACT
REQUEST FOR PUBLIC RECORD**

To: City Manager/FOIA Coordinator
City of Walker, Michigan

Date: _____

I request the right to:

Check appropriate boxes

- 1. Inspect
- 2. Make a memorandum, abstract or handwritten copy
- 3. Receive a copy made by the City of Walker, Michigan of the following Record:

Describe precisely the exact records or documents that you are requesting from the City. The City will not respond to vague, unclear or overly broad requests.

I agree to pay the charge for copies allowed by law and the City regulations.

Signed: _____
(person making request)

(Optional) In order to help us serve you, please provide the following:

Street Address

Phone

City/State/Zip Code
#163585