

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

PLEASE PRINT OR TYPE:

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

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(s) 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 Indigency)

THE UNIVERSAL ACADEMY FOIA PROCEDURES & GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY ARE AVAILABLE AT www.universalpsa.org

TO BE COMPLETED BY ACADEMY STAFF

Date Received: _____ Staff Member: _____

Check if received via: Email Fax Other Electronic Method

Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____