



Kalamazoo County Prosecutor's Office Request for Public Record

1. Requestor Information

Name (Please print)

Phone Number

2. Public record(s) you are requesting:

(You must identify a public record. Provide as much detail as possible. An individual's name alone is insufficient and will result in a denial.)

DISCLAIMER: Multiple requests received on the same day from the same individual or organization will be treated as a single request.

- 3. I/we wish to:**
- Examine the record at Office of the Prosecuting Attorney
 - Receive a copy via mail
 - Receive a copy via email (if available)
 - Pick up at Office of the Prosecuting Attorney

Mail: _____

Mailing address (including city, state and zip code)

E-mail: _____

E-mail address

4. Submit your request to:

FOIA Coordinator
Office of the Prosecuting Attorney
227 W. Michigan Avenue, 5th Floor
Kalamazoo, MI 49007
Fax: (269) 383-0475
OPA_FOIA@Kalcounty.com

Signature

Date

Office Use:

Staff member receiving request _____

Date: _____

Request was: Granted Denied

Response completed: _____, 20__