**REQUEST FOR PUBLIC RECORD**

**Michigan Freedom of Information Act**

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| --- |
| **Name: Phone:** |
| **Firm/Organization: Fax:** |
| **Street Address:** |
| **City: State: Zip:** |
| **Email:** |

**Describe the public record(s) as specifically as possible:** *Provide as much detail as possible & attach additional sheets if necessary*

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**DELIVERY METHOD: Pick Up Mail Email Fax Schedule appointment**

**Please check if you would like: certified copy of record(s) OR the record(s) on digital media**

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**Requestor’s Signature Date**

**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)**

**Is this request for a Commercial Purpose? YES NO**

*Helen Newberry Joy Hospital’s FOIA Procedures and Guidelines and its written public summary are available at* [*www.hnjh.org*](http://www.hnjh.org)*/FOIA*

**TO BE COMPLETED BY HNJH STAFF**

Date Received: \_\_\_\_\_\_\_\_\_\_ Staff Member Processing: \_\_\_\_\_\_\_\_\_\_

Request received via: Email Fax Other method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date delivered to junk/spam folder: \_\_\_\_\_\_\_\_\_\_

Date discovered in junk/spam folder: \_\_\_\_\_\_\_\_\_\_