

Freedom of Information Act Request Form

Date: _____

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Records Requested: *Be specific and provide as much detail as possible to ensure that Public Media Network ("PMN") is able to identify the information being requested.*

I would like the materials provided to me in the following way:

- Mailed to the above address
- Call above phone number and I will pick up the documents
- Electronically to the following email address: _____

Please note that PMN has five (5) business days after the receipt of this request to process your request.

FOIA Coordinator – Public Media Network
359 S. Kalamazoo Mall
Kalamazoo, MI 49007

Email: assistant@publicmedianet.org