

FREEDOM OF INFORMATION REQUEST

Name _____

Address _____ Phone _____

I hereby request the following documents under the Freedom of Information Act P.A. 442 of 1976 as amended.

Specify Document(s) Requested

View Document(s)

Copy Document(s) A charge will be made for copied

documents as permitted under Act 442

Signature

Date

**Mail To: City Clerk's Office
City of Wyoming
1155 28th St SW
PO Box 905
Wyoming MI 49509**

Fax To: (616) 530-7200