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FREEDOM OF INFORMATION ACT REQUEST FORM

within the requirements of the County Health Department. a fee for a public record se for providing a copy of a p	nation Act (FOIA). If you be FOIA, you may sub Pursuant to the FOI earch, the necessary bublic record when t Il be contacted by the DIA documents. It is u	ou are interested omit a FOIA reque A, the County of copying of a p he FOIA request FOIA Coordinate nderstood that, b	in obtaining documents that fall est in writing to the St. Clair f St. Clair is entitled to charge ublic record for inspection, or t results in an unusually high or with any applicable charges y law, the St. Clair County	
Date of Request:				
		Owner	Realtor Other	
Address:				
			mail:	
INFORMATION REQUESTE Address:	ED FOR THE FOLLO	OWING LOCATI	ON:	
Township / City:		Section Number:		
Signature:				
Information provided:	FOR HEALTH DEP/	ARTMENT USE ON		
Date request received:	Da	te information se	nt / given:	
			Receipt #	
Ву:			Date:	

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