

City of Pottersville
FOIA Request Form

Name: _____ Telephone#: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Date of Request: _____

Description of Records Requested (*Identify the records as clearly and specifically as possible. Please provide sufficient information which would be helpful in identifying and locating the requested records, such as document title, date, etc.*)

Signature of Applicant