

MUSKEGON AREA DISTRICT LIBRARY

FREEDOM OF INFORMATION ACT

REQUEST FOR INFORMATION

Name_____

Address_____

City_____ State_____ Zip_____

Telephone Number_____ Fax Number_____

E-mail address_____

Please print a brief description of information desired.

I hereby desire a copy of the above information and agree to pay the charges for said information.

Requestor's Name (PRINT)

Date:_____

Requestor's Signature

Submit completed request to the Muskegon Area District Library Administration, Library Director's Office, 4845 Airline Road, Unit 5, Muskegon, MI 49444-4503.