

Washtenaw County  
Building Inspection Department  
705 N Zeeb Road • Ann Arbor, MI 48103  
Phone: 734-222-3900 • Fax: 734-222-3930  
washtenaw.org/buildinginspection



Washtenaw County Health Department  
Environmental Health Division  
705 N Zeeb Road • Ann Arbor, MI 48103  
Phone: 734-222-3800 • Fax: 734-222-3930  
washtenaw.org/envhealth

## FREEDOM OF INFORMATION ACT (FOIA)

REQUEST FOR INFORMATION  
(MCLA 15.321 et seq; MSA 4.1801(1). Et seq)

Date of Request: \_\_\_\_\_

I, the undersigned, hereby request a copy of the following records from Washtenaw County. Please list address, township, parcel number and approximate year of permit, if known. Attach additional pages as needed.

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I understand that I will be charged a fee for copying costs, unless proof of inability to pay due to indigence is provided. If the scope of this request requires more than fifteen (15) minutes of labor, a fee will be charged for the search, examination, review, and, if appropriate, the deletion and separation of exempt from nonexempt information as provided in Section 14 of the Freedom of Information Act. The fee is being charged because the failure to do so would result in unreasonably high costs to the County. A fee may also be waived if the County determines the request is in the public interest. I hereby agree to pay the charge for the furnishing of this information in advance of receiving the files.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

### I would like to receive these records by:

- Pick up when ready
- Regular mail
- Fax: \_\_\_\_\_
- Email: \_\_\_\_\_

### FOR OFFICE USE ONLY

Request received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Request assigned to: \_\_\_\_\_

Date assigned: \_\_\_\_\_

Due date: \_\_\_\_\_

10 day extension date: \_\_\_\_\_

Total fees paid: \_\_\_\_\_

Date completed: \_\_\_\_\_

Comments: \_\_\_\_\_

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