



# Otsego Conservation District

## Freedom of Information Act Request of Records

All information must be typed or printed except for written signatures

Requestor's Name applicable)	Company Name or Organization (if applicable)	Telephone
Address (Number and Street)		Fax
City Code	State	Zip
E-mail Address		
I wish to receive a copy of the following records: (Provide a detailed description of the records being requested. Attach additional sheets if necessary.)		
If you previously have been in contact with someone in the Otsego Conservation District regarding the records you are requesting, or whom you believe is knowledgeable about such records, please provide the name and work location of that person. This will help expedite locating the records you are requesting.		
Name of Contact		Division/Office Location

I understand there may be a cost associated with this request.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**Submit completed request to:**

**Or send to:**

**Freedom of Information Act Coordinator  
Otsego Conservation District  
800 Livingston Blvd, Suite 4A  
Gaylord, MI 49735**

**EMAIL: [tjans@otsegocountymi.gov](mailto:tjans@otsegocountymi.gov)**