



KENT COUNTY HEALTH DEPARTMENT

Michigan Freedom of Information Act Request Form

Submit request for copies of non-exempt public information under the Michigan Freedom of Information Act (FOIA) to:

ENVIRONMENTAL HEALTH DIVISION

700 Fuller Avenue N.E.
Grand Rapids, Michigan 49503
Phone: (616) 632-6900
Fax: (616) 632-6892
Email: KCEHMail@kentcountymi.gov

Eight dollars (\$8.00), non-refundable, per address and/or program file search must be received at time of request. This includes a maximum of ten (10) minutes of clerical time and four (4) photocopies. Additional time and photocopies invoiced at actual service time costs and photocopies at \$1.00 for each group of 10 or less. All costs in excess of \$8.00 will be invoiced and payment must be received prior to release of documents.

Section 1 - Street Address of Property

(Kent County Environmental Health Division records are filed by street address)

Section 2 - Programs

Program File 1

- Sanitary Facility Evaluation
- Septic Permit
- Septic Location
- Well Location
- Well Log
- Well Permit
- Vacant Land Evaluation

Program File 2

- Food

Program File 3

- Type II

Program File 4

- Toxicology

Other:

(Vague or unclear requests cannot be processed):

Section 3 - Requesting Party:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Email: _____

I am requesting to receive a copy of the following records by: Email Mail Fax Pick up in person

Signature of Requesting Party: _____ Date: _____

I understand all record requests are processed on a first come, first serve basis and could take up to six business days to process. If necessary, an extension will be filed and notification mailed within that time frame.

Payment methods available are cash, check, money order, Visa, Discover, or MasterCard.

Credit Card # - - -

Expiration Date MasterCard Visa Discover

Name as it appears on card _____

Contact Phone: () -