



KENT COUNTY HEALTH DEPARTMENT

Michigan Freedom of Information Act Request Form – Animal Shelter

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

Animal Shelter

740 Fuller Avenue N.E.
Grand Rapids, Michigan 49503
Phone: (616) 632-7300
Fax: (616) 632-7324
Website: www.accesskent.com

Eight dollars (\$8.00), non-refundable, 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 – Records Requested

Animal Control Report

Animal Record

Name (Dog Owner): _____

Address: _____

City: _____ State: _____ Zip: _____

Other: (Vague or unclear requests cannot be processed)

Section 2 - Requesting Party

Name (Clearly Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ - _____ Email: _____

****Payment and a copy of your Driver's License/Identification Card must be Submitted with this form.****

Pick one: 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 will be processed within five business days or an extension of 10 days may be requested.

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: (____) _____ - _____