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FREEDOM OF INFORMATION REQUEST

TO: Kalamazoo Area Building Authority

REQUESTED BY: Name: _____

Address: _____

Phone: _____

DESCRIPTION OF PUBLIC RECORDS REQUESTED:

NATURE OF REQUEST (CHECK ONE):

- Please provide a copy of the requested public records
- Please provide a certified copy of the requested public records
- Please allow me an opportunity to inspect the requested public records prior to copying. I understand that the Kalamazoo Area Building Authority may require me to schedule an appointment for this inspection

PAYMENT (CHECK ONE):

- I understand that Kalamazoo Area Building Authority will charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating, and deleting exempt information. I understand that a deposit of one-half of the anticipated fee (if the fee is anticipated to exceed \$50.00) will be required.
- Attached is an affidavit of Indigence. Please furnish me the requested public records without charge for the first \$20.00 of the required fee.

I agree that Kalamazoo Area Building Authority may respond to my request by the _____ day of _____, 20_____

DATE

SIGNATURE

* It is the policy of Kalamazoo Area Building Authority that a written Freedom of Information Act Request is required except when the request involves the following types of records (1) current property record cards; (2) current zoning maps; (3) current zoning and general ordinances; (4) minutes for any meeting within the last 12 months.