

District Health Department No. 4



Request for Review of Public Records

I hereby request the District Health Department No. 4 (DHD4) to make available to me the following Public Records for examination and review within the lawful requirements of the Freedom of Information Act. This form must be filled out completely in order for request to be processed. DHD4 has 10 business days to respond to the request. Records will be sent once payment has been received in the office.

Alpena County
100 Woods Circle
Suite 200
Alpena, MI 49707
(989) 356-4507
Fax (989) 356-3529

Type of Information Requested: _____

Address: _____
Street City State Zip

Tax/Parcel ID# _____

Township: _____ Town: _____ Range: _____ Section: _____

Subdivision: _____ Lot # _____

Previous Owners: _____

Information Requested By: _____
 Owner Realtor Contractor Builder Other _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Email Address: _____

Signature: _____ Date: _____

Cheboygan County
Doris E. Reid Center
825 S. Huron St.
Suite 1
Cheboygan, MI 49721
(231) 627-8850
Fax (231) 627-9466

Montmorency County
P.O. Box 183
12519 State Street
Atlanta, MI 49709
(989) 785-4428
Fax (989) 785-2217

Presque Isle County
106 E. Huron
Suite A
Rogers City, MI 49779
(989) 734-4723
Fax (989) 734-3866

www.dhd4.org

Administrative Services
Alpena County
Office

FOR DEPARTMENT USE ONLY

DATE REQUEST RECEIVED: _____

_____ PAGES PROVIDED AT \$1.00 PER PAGE: _____

BEGINNING TIME: _____ ENDING TIME: _____ FEE FOR TIME: _____

FEE COLLECTED BY: _____ DATE: _____

_____ CASH _____ CHECK _____ CREDIT CARD _____ MONEY ORDER _____ RECEIPT # _____