



Michigan Freedom of Information Act MCL 15.231, et.seq; 1976 Public of Act 442, as amended

All information must be typed or clearly printed except for signature. Please complete all sections.

Section I. Requestor Information					
Your Name			Date of	Request	
Company or Organization Name (if any)					
Street Address					
City			State:		Zip:
Daytime Phone #	()		Fax #: ()		
Email:					
Section II. Records Requested					
Specifically describe the public records you are seeking. Attach additional sheets when necessary.					
Date of Records Sought (if known):					
Time Period: From To					
Section IV. Authorization					
By signing below, I verify that I understand the following: (1) initially, the MGCB has five (5) business days after receiving my request to respond, if an extension is required; (2) the MGCB may extend the period to respond to my request for up to ten (10) additional business days, if necessary; (3) if it is determined that some or all of the materials that I have requested are exempt from disclosure or do not exist, I will receive written denial, which will include the reason(s) for the denial and an explanation of my right to appeal; and, (4) that I may be charged fees associated with my request for public records.					
Signature:				Date:	
Return Completed Form To:					
Michigan Gaming Control Board Administrative Services Section, FOIA Coordinator 3062 W. Grand Boulevard, Suite L-700 Detroit, MI 48202-6062 Fax: (313) 456-3405					