

**State of Michigan Independent Citizens Redistricting Commission (MICRC)  
Public Record Request Form**

Please note that failure to complete certain fields on this form may result in a denial of your request.

1. Today's date: \_\_\_\_\_
2. Individual making this request: \_\_\_\_\_
3. Street address: \_\_\_\_\_
4. City/State/Zip Code: \_\_\_\_\_
5. Telephone number: \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. Description of the record: \_\_\_\_\_  
\_\_\_\_\_
8. Date or time period, if applicable: \_\_\_\_\_
9. Any other information what will assist the MICRC in locating the requested record:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ NO

- TE:
- 1) Failure to complete this form may result in a denial of your request.
  - 2) For contract or RFP/RFQ, please identify contract number or RFP/RFQ number and a description.
  - 3) If the request is too broad, depending on the description of your request, we may deny your request or request that you submit a deposit payment prior to searching for the requested record.

MAIL THIS REQUEST TO: Michigan Independent Citizens Redistricting Commission  
c/o Michigan Department of State  
Attn: FOIA Coordinator  
P.O. Box 30204  
Lansing, MI 48918

-or-

EMAIL THIS REQUEST TO: MICRC-FOIA@Michigan.gov