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MACOMB COUNTY COMMUNITY MENTAL HEALTH

INFORMATION REQUEST LOG FREEDOM OF INFORMATION ACT

Program			
Date Requested	Fee Charged		
Name			
Address	Deposit Paid	Receipt #	
City/State/Zip	Balance Due	Receipt #	
Information Requested		<u> </u>	
Granted: □ in-whole □ in-part □ denied	□ Check if explanation of denial attached		
Program			
Date Requested	_ Date of Response		
Name	Fee Charged		
Address	Deposit Paid	Receipt #	
City/State/Zip	Balance Due	Receipt #	
Information Requested			
Granted: □ in-whole □ in-part □ denied			
Program			
Date Requested	Date of Response		
Name	Fee Charged		
Address		Receipt #	
City/State/Zip		Receipt #	
Granted: □ in-whole □ in-part □ denied	□ Check if explanation	of denial attached	
Granted. I in whole I in part I defined	- Officer in explanation	of definer attached	
Program			
Date Requested			
Name	Fee Charged		
Address		Receipt #	
City/State/Zip	Balance Due	Receipt #	
Information Requested			
Granted: □ in-whole □ in-part □ denied	□ Check if explanation	of denial attached	
Cranted. I in whole I in-part I denied	- Officer if explanation	or definal attached	