



TRAVERSE CITY
LIGHT & POWER

Michigan Freedom of Information Act- Request for Public Records

Name of Requester: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Contact Email: _____

1. Please state the name of the public record you are requesting and include the following:

Names Referred to in Record: _____

Date of Record: _____

Location of Event: _____

Other information helpful to identify the record: _____

2. Method of Access Desired: Pickup Mail Examine Email

3. Mailing Address (If different than above): _____

City: _____ State: _____ Zip Code: _____

Signature of Requester: _____

Date: _____

Return to FOIA Coordinator
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