



**Kalamazoo County  
Public Housing Commission**

**1. Requestor Information**

Name (please print) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**2. Name of Public Record Requesting**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Do you wish to**

\_\_\_\_ Receive a copy via mail? {Copy and postage charges may apply}

\_\_\_\_ Receive a copy via email? Email address: \_\_\_\_\_

\_\_\_\_ Receive a copy via fax? (Limit 20 pages) Fax number: \_\_\_\_\_

\_\_\_\_ Review the records in person during normal business hours.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail to:**

**Kalamazoo County Public Housing Commission**

**c/o Lockhart Management & Consulting, LLC**

**2725 Airview Blvd, Ste. 202**

**Kalamazoo, MI 49002**

**Attention: FOIA Coordinator**

\_\_\_\_\_  
OFFICE USE

Signature of Staff receiving request: \_\_\_\_\_ Date \_\_\_\_\_