



SOUTH CENTRAL MICHIGAN CONSTRUCTION CODE INSPECTION, INC.

1309 CLEAVER RD – SUITE A, CARO MI 48723  
PHONE: 989-672-3750 OR TOLL FREE: 1-888-863-2904  
Fax: 989-672-3814

REQUEST FOR PUBLIC RECORD

NAME \_\_\_\_\_ REQUEST WRITTEN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ DATE FILED \_\_\_\_\_

I request to have the public record(s) supplied to me in the following forms:

Inspection \_\_\_\_\_ Copies \_\_\_\_\_

Name and brief description identifying public record desired:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT MUST BE RECEIVED PRIOR TO DELIVERY OF PUBLIC RECORD (S).**

Delivery to the above address? \_\_\_\_\_

List alternate, if applicable \_\_\_\_\_

I understand a public body must respond to my request within five (5) business days after it is received. The public body must grant or deny all or a portion of my request, or issue a notice extending for ten (10) business days, the period in which the public body must respond to my request. In place of these deadlines, I agree to allow the public body a reasonable time to process by request.

Signature \_\_\_\_\_

OFFICE USE ONLY BELOW THIS BOX

Cost: In advance (over &50.00)

**Final Account**

Estimate \_\_\_\_\_

Mailing \_\_\_\_\_

Labor \_\_\_\_\_

\_\_\_ copies @.10 \_\_\_\_\_

other \_\_\_\_\_

TOTAL (\$3 minimum) \_\_\_\_\_

Date Available \_\_\_\_\_

(-) deposit \_\_\_\_\_

**AMOUNT DUE**(round to nearest dollar) \_\_\_\_\_