

**CITY OF LUDINGTON**

**FREEDOM OF INFORMATION ACT APPEAL**

City of Ludington FOIA Coordinator  
400 S. Harrison St.  
Ludington, Michigan 49431  
Phone (231) 845-6237

**Requestor Information:**

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip Code

**Date of FOIA Request:** \_\_\_\_\_

**Record(s) Requested:**


**Date of FOIA Response:** \_\_\_\_\_

**I am appealing:**

The City of Ludington's  Denial  Partial Denial of my FOIA request.

The fee required by the City of Ludington for fulfillment of my FOIA request.

**The basis for my appeal is (use back of form for additional space, if necessary):**
