Branch-Hillsdale-St. Joseph
Community Health Agency
570 Marshall Rd.
Coldwater, Mi 49036

FOIA Request for Public Records

Request to:  □ Receive copy  □ Inspect record
Delivery Method (upon payment of balance due):  □ Pick up records in person  □ Mail to address below

(Please Print or Type)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm/Organization</td>
<td>Fax</td>
</tr>
<tr>
<td>Street</td>
<td>E-Mail</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Describe the public record(s) as specifically as possible:

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Requestor’s Signature                      Date