



LEELANAU COUNTY CONSTRUCTION CODE AUTHORITY

8527 E. Government Center Dr. Suite 109
Suttons Bay, MI 49682
Phone (231) 256-9806 FAX (231) 256-8333

DOCUMENT REQUEST FORM

Date Requested: _____

Name: _____

(Firm/organizations): _____

Address : _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-mail _____

I hereby request the following records to be made available to me to inspect, copy or receive copies of: (detailed description of public records requested)

I understand that there will be fee for an archive search and copies.

Signature of Requestor

Date

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(For office use)
Approved by: _____
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