FOIL Request Form – Genesee County Board of Elections

Name	,-			
Address				
Day Phone				
E-Mail				
Date	_ Sig	nature		
Does Applicant apply on own be	ehalf? Yes	No		
If no, name and address of pers	on or organizati	on on whose bel	alf applicant is	acting.
Name				
Address				
or have copied (Photocopy cha	rge: .25 per pag	e, prepaid).		
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