

CAPITAL AREA TRANSPORTATION AUTHORITY

FREEDOM OF INFORMATION ACT REQUEST

To: FOIA Coordinator
CATA
4615 Tranter Street
Lansing, MI 48910

Date of Request: _____

Requested by

Name: _____

Address: _____
(STREET) (CITY) (ZIP)

Telephone: _____ Email Address: _____

Receive Copy:

Review/Inspect Copy:

Nature of request and description of public records sought:

Signature: _____

BELOW FOR OFFICE USE ONLY

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FOIA Number: _____