

RECORDS REQUEST

Do not sign until a notary is present.
 A separate form is required for each Licensee.

To receive a copy of all application documentation provided to the Agency by the Licensee, please complete and submit the form via email to CRA-Amendments@michigan.gov. Tax documentation is unable to be provided and portions of the records may be redacted in accordance with state and federal regulations. Communication records may be obtained via a Freedom of Information Act (FOIA) request.

General Information	
Licensee/Individual Legal Name	Prequalified Record Number (e.g., ERG-000000, AU-ER-000000, AU-SP-000000, IRG-000000)
Requested Records	
<input checked="" type="checkbox"/> Adult-Use Prequalification (Step 1) Records	<input checked="" type="checkbox"/> Medical Prequalification (Step 1) Records
<input checked="" type="checkbox"/> Adult-Use License (Step 2) Records	<input checked="" type="checkbox"/> Medical License (Step 2) Records
License Records Requested (list all licenses for which records are requested, if applicable):	
Records Delivery Method (provide email and/or mailing address)	
<input checked="" type="checkbox"/> Email: <u>REQUESTS@RECDEP.COM</u>	<input type="checkbox"/> Postal Mail: _____
Person Completing Form (must be completed by the licensee or an authorized contact of the licensee)	
Name (First, Middle, Last):	Affiliation with Licensee:
Email Address:	Phone:

 Signature of Person Completing Form Date

Subscribed and sworn to by _____ before me on _____
(Authorized Individual Name) (Date)

 (Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____
(county) (state)

My commission expires: _____