

FREEDOM OF INFORMATION ACT REQUEST FORM

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF REQUEST: _____



8100 Jackman Road
PO Box H
Temperance, MI 48182-0607
(734) 847-6791
FAX: (734) 847-7809

PLEASE LIST THE PUBLIC RECORDS REQUESTED:

(Please describe precisely the exact record or document that you wish. The Township cannot respond to vague, unclear or overly broad requests. Please indicate whether you wish to inspect the document(s) or are requesting a copy. NOTE: There is a minimum 25 cents per page fee for copying of records and the Township can charge a reasonable fee established at the "rate of the lowest paid Township employee" for the time required to retrieve, mail, duplicate, sort, or review the requested information.)

MICHIGAN'S FREEDOM OF INFORMATION ACT-Public Act No. 442 of 1976 as amended.

Basic Intent: The Freedom of Information Act regulates and sets requirements for the disclosure of public records by all "public bodies" in the state.

As soon as practical, but not more than five business days after receiving a request, the public body must **respond** to a request for a public record. The public agency can, under unusual circumstances, notify the requestor in writing and extend the time limit by ten business days.

FOR OFFICE USE ONLY

TOWNSHIP ACTION ON REQUEST

() Granted () Denied - List Reasons (Attach Notice of Denial)

() Granted in Part/Denied in Part - List Reasons (Attach Denial Notice)

() Extension Required (List unusual circumstances requiring extension and attach Notice of Extension)

Indicate Date by which Township will respond: Date of Response: _____

Number of Copies: _____ @ \$.25 each = \$ _____

Total Time: _____ hours _____ minutes @ \$ _____ per hour = \$ _____

TOTAL FEE: _____ (copies and time) () PAID () UNPAID

Signature of Township Official _____