_____ Township
_____ County, Michigan

(*Township FOIA Coordinator Address:*) _____

_____

_____

Phone ( ) _____ Fax ( ) _____

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request to: ☐ **Receive copy** ☐ **Inspect record** ☐ **Subscribe to record issued on regular basis**

Delivery Method (*upon payment of balance due*): ☐ **Pick up records in person** ☐ **Mail to address below**

(Please Print or Type)

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Describe the public record(s) as specifically as possible:

Requestor's Signature	Date

Consent to Non-Statutory Extension of Township's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.* I understand that the township must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree to extend the township's response time for this request until _____.

Requestor's Signature	Date

(January 2007)