

Township: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

\_\_\_\_\_ Township, \_\_\_\_\_ County

Phone: \_\_\_\_\_

**Request Form**  
*Note: Requestors are not required to use this form. The township may complete one for recordkeeping if not used*

## FOIA Request for Public Records

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

Request No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check if received via:    Email    Fax    Other Electronic Method  
*(Please Print or Type)*    Date delivered to junk/spam folder: \_\_\_\_\_  
Date discovered in junk/spam folder: \_\_\_\_\_

Name	Phone
Firm/Organization	Fax
Street	Email
City	State      Zip

Request for:     Copy     Certified copy     Record inspection     Subscription to record issued on regular basis

Delivery Method:     Will pick up     Will make own copies onsite     Mail to address above     Email to address above  
 Deliver on digital media provided by the township: \_\_\_\_\_

**Note:** The township is not required to provide records in a digital format or on digital media if the township does not already have the technological capability to do so.

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:

### 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 and stipulate to extend the township's response time for this request until: \_\_\_\_\_ (month, day, year).

Requestor's Signature

Date

*(Complete both sides)*