FREEDOM OF INFORMATION REQUEST

Date: _____

Name/Signature of Requester: _____

_____

Address: _____

_____

Telephone: ( )_____

*Public Records Requested: _____

_____

_____

Request Received By: _____

Date: _____

Request Forwarded To: _____

Request Completed (Date): _____

Signature: _____

FEES

Duplication Fees: $.50 per copy x _____ copies. =_____

Postage cost for mailing, if applicable: =_____
(i.e. fax, disks, envelope, postage)

Mileage Rate: $.31 per mile x_____miles. =_____

Labor Fees: Cost of Labor x_____completion of request
=_____

TOTAL FOR REQUEST =$_____

* In accordance with Michigan's Freedom of Information Act (PA 442 of 1976, as amended) the Charter Township of Independence will reply to a request for a public record as soon as practical, but not more than five (5) business days after receiving a request. However, under certain circumstances exist the Charter Township of Independence will notify the requester in writing and extended the time limit by ten (10) days.