



FREEDOM OF INFORMATION ACT REQUEST FORM

Party Making Request:

Name: _____ Company: _____

Address: _____

C/S/Z: _____

Email: _____

Phone: _____ Fax: _____

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

I have requested a copy of records pursuant to FOIA. I understand that the Township must respond to my request within five (5) business days after receiving it, and that response may include taking a ten (10) business day extension. I hereby agree and consent to extending the time for the Township to respond. Additionally, I understand that I will have to pay for the materials before they will be released.

Signature

Date

Request to: Receive Copy Inspect Record

When the requested documents have been compiled and payment is made in full, I would like:

the documents MAILED to me at the above address, or at the following address:

the documents EMAILED to me at: _____

to PICK UP the documents.

to be contacted to set up an appointment to inspect the records

Describe the public record(s) as specifically as possible. _____

A SEARCH OF TOWNSHIP RECORDS HAS REVEALED NO RECORDS THAT MEET THE CRITERIA SET FORTH IN YOUR REQUEST.

For Township Use Only

LABOR: Number of hours _____ @ \$ _____ /hour \$ _____

COPYING-STANDARD: \$.25 per page; number of pages _____ \$ _____

COPYING-OVERSIZED: Number of pages _____ @ \$ _____ per page; \$ _____

MILEAGE: _____ miles @ \$ _____ per mile \$ _____

POSTAGE: Actual cost for postage and parcel (envelope, box, tube, etc.) \$ _____

Other: _____ \$ _____

TOTAL: \$ _____

LESS DEPOSIT (if any; 50% **required** if estimated cost exceeds \$50.00) \$ _____

BALANCE DUE \$ _____

Date Paid in Full: _____ Request processed by: _____

Receipt No: _____ Date: _____