

CHARTER TOWNSHIP OF CHESTERFIELD

FREEDOM OF INFORMATION ACT REQUEST (Please Print Clearly)

Requestor's Name: _____

Address: _____

E-mail Address: _____ Phone #: _____

Pursuant to the Michigan Freedom of Information Act, being Act 442, Public Acts of 1976, as amended, I hereby request that the following records be made available to me to:

Review

Receive Copies

Name of Requested Public Record: _____

Address/Parcel: _____

Type of Information Seeking: _____

I understand that the FOIA Coordinator may request a good faith deposit from me if the fee authorized by the Freedom of Information Act exceeds fifty (\$50.00) dollars, but shall not exceed one-half (1/2) of the total fee authorized. I further understand that fees for copying documents are \$0.25 per sheet; \$10.00 per oversized document; possible labor fees based on the amount and time needed for requested copies.

Signature of Requestor

Date

Received by _____ Date: _____ Time: _____

Processed by: _____ Date: _____ Time: _____