

**ALCONA TOWNSHIP**

**Michigan Freedom of Information Act- Request for Public Records**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Record(s) requested:** Please describe a specific identifiable record. Include document name, number or date if known.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would like to inspect the record(s):**

**I would like a copy of the record(s):** Mailed Faxed Emailed (if available in electronic format) Picked up

**Mailing Address (If different than above):** \_\_\_\_\_

**Please allow 5 business days for a response to your request.**

**I agree to pay all copy charges pursuant to Alcona Township fee schedule**

**Requestor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICIAL USE ONLY**

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Records were:** Mailed Faxed Emailed Picked up

**Fees Due \$** \_\_\_\_\_ **Payment received**

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_