

ALCONA TOWNSHIP
NOTICE OF FREEDOM OF INFORMATION ACT RESPONSE

Date request received _____

Request received via: ___ U.S. Mail ___ Facsimile ___ Email ___ In person

Name and address of requestor _____
(please print)

Public records requested: _____

Request is: ___ Granted ___ Denied (explanation attached) ___ Granted in part and denied
in part (explanation attached)

___ Response period extended up to an additional ___ business days

Fees incurred in responding to this request:

___ x \$15.00 hourly wage = \$ _____

___ copies at \$0.10 per page \$ _____

Postage (actual cost) \$ _____

Other (legal counsel, etc.) \$ _____

Total costs \$ _____

___ First \$20 of fee waived (proof of public assistance on indigence submitted and accepted)

___ The estimated fee exceeds \$50.00. A deposit of one-half the total amount must be received by the Alcona Township before a response will be given. The deposit of \$ _____ shall be payable by cash or money order. Remit to: Alcona Township, 5576 N. US 23, Black River, MI 48721 (please include a copy of this notice.)

___ Deposit received _____ Receipt # _____

___ Balance received _____ Receipt # _____