				0 15
Township: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.		Township,	County	Request Form Note: Requestors are not
				required to use this form. The township may complete one
	Phone: _			for recordkeeping if not used.
Michia	FOIA Rec	quest for Public Reco	rds 6. MCL 15.231, et s	seq.
monig				
Request No.:	Date Received:	Check if received via: □ Date <u>delivered</u> to junk/spa		
(Please Print or Type)		Date discovered in junk/s		
Name			Phone	
Firm/Organization			Fax	
Street			Email	
City		State	Zip	
technological capability to de	equired to provide records i o so.	in a digital format or on digital media		
			,	
		-		
		, , , , , , , , , , , , , , , , , , , ,		
	Consent to Non Ctat	utory Extension of Township's Resp	ongo Timo	
	Consent to Non-Stat	ULUI Y EXTERISION OF LOWISHID'S KEST	onse i me	

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that the township must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the township's response time for this request until: ______ (month, day, year).

Requestor's Signature Date