



REQUEST FOR PUBLIC INFORMATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

Send or bring to: Chikaming Township
13535 Red Arrow Hwy., P.O. Box 40,
Harbert, MI 49115
Phone: 269/469-1676
Fax: 269/469-4416

_____ I request to review the public record at the Township Hall.

_____ I request the public record be sent by FAX to the number below.

_____ I request the public record be mailed to the above address.

_____ I will personally pick up the public record at the Township Office upon notice.

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

RECORDS REQUESTED:

COSTS MAY BE CHARGED IF A COPY OF A PUBLIC RECORD IS REQUESTED. NO FEE MAY BE CHARGED FOR AN INDIVIDUAL TO SIMPLY REVIEW PUBLIC RECORDS.

OFFICE USE:

I. Duplication Costs:
Cost per copy _____ x Number of copies _____ = \$ _____

II. Mailing Costs:
Cost per envelope _____ x Number of envelopes _____ = \$ _____
Postage costs: _____ = \$ _____

III. Labor costs:
Due to the nature of this request, a labor fee is being charged for the search, examination, review and (if appropriate) the deletion and separation of exempt from nonexempt information as provided in Section 13 of the Freedom of Information Act.
Hourly labor rate \$ _____ x Number of hours _____ = \$ _____

IV. FAX Charges: First page @ \$3.00 Additional pages @ \$1.00 = \$ _____

V. Total Charges \$ _____

Date of Response: _____

FOIA Coordinator