

**CHARTER TOWNSHIP OF HARRISON
FREEDOM OF INFORMATION REQUEST FORM**

REQUEST NO. _____

Requested by: _____
(Name)

(Address)

(Telephone)

The following information is requested under the Freedom of Information Act (please state the year):

Nature of the request (check the applicable box):

___ Please provide a copy of the requested public records.

___ Please allow me an opportunity to inspect the requested public records prior to copying.

By signing this document I understand that Harrison Township may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.

Signature of Requestor: _____

Date and Time Signed in: _____

Township Employee Signature: _____

Date and Time Requestor Was Contacted Regarding F.O.I.A. Pick Up: _____

Date Picked Up and Cost Assessed: _____

cc: Department _____
Date _____

Due date 5 days _____
10 day extension due date _____

cc: Department _____
Date _____

cc: Department _____
Date _____