

TOWNSHIP OF NELSON
FREEDOM OF INFORMATION
REQUEST FOR PUBLIC RECORDS

Authority: Michigan Freedom of Information Act, 1976 PA 422, as amended

2 Maple Street
P.O. Box 109
Sand Lake, MI 49343
616-636-5332

NAME: _____ Firm/Organization _____ Phone number _____

ADDRESS: _____ Email address _____

City _____ State _____ Zip _____

PUBLIC RECORD REQUESTED

Payment

_____ I understand that the public body shall 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.

I agree that the public body may respond to my request by the _____ day of _____ 20 .

Date

Signature

CONSENT TO EXTENSION OF TIME ON REQUEST FOR PUBLIC RECORDS

I have requested a copy of or access of records pursuant of the Michigan Freedom of Information Act, 1976 PA 442, as amended. I understand that the public body must respond to the request within five (5) business days after receiving it, except that the public body may take an extension for an additional ten (10) business days. However, I hereby agree and consent to extending the time for the public body to respond to my request until _____

Signature _____ Date _____