Freedom of Information Request

Dexter Township
Washtenaw County, Michigan

Requested By:		
Name(s):		
Mailing Address:		
City:	State:	ZIP:
Daytime Phone:	Alternate Phone:	

Description of Public Records Requested: ***(List here or attach a separate sheet)***

Nature of Request:

- ☐ A copy of the above requested public record(s)
- ☐ A certified copy of the above requested public record(s)
- ☐ An opportunity to inspect the requested public record(s)

Payment:

- ☐ I understand that a fee will be charged for providing copies of the public records requested, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information and I agree to pay such fee as determined.
- ☐ Attached is an affidavit stating facts of my inability to pay. If I qualify, I understand that the public records requested will be furnished to me without charge for the first $20.00.

Signature:

Signature of Requestor	Date