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