CHARTER TOWNSHIP OF UNION

2010 S. Lincoln Road, Mt. Pleasant, MI 48858

Freedom of Information Act Request

Please fill out the top portion of this form:				
Name:		Date:	/	/
Address:				
Daytime Phone:				
Records Requested:				
Please check one: I prefer to: pick up the documents in person (payment upon receipt)				
have you mail them to the address above (an invoice will be enclosed).				
Signature:				
Cost Schedule/Invoice (For Township Use Only)				
, i		Cost per	Number	Total
Items provided / other costs:		unit	of units	
		Black/Color		
Copies: letter or legal		\$.25/.50		\$
ledger		\$.50/1.00		\$
Envelopes: Manila, w/clasp up to 10" by 13"		\$.15		\$
Cassette tapes: 90 minute audio casset		\$3.00		\$
See also Policy to Provide Information in Electronic Form				Ψ
Mileage:		\$.445/mi		\$
External cost: (photos, color copies, maps, etc.)		Copy of receip	t attached	\$
Labor costs: (photos, color copies, maps, etc.)		To be determined		
		U.S. Rates	iiiicu	
Postage:		U.S. Kates		
Total Cost: (Please remit the following amount)		\$		
Total Cost: (Please rennt the following amount)				
NOTICE: This request will be filled in five business days, unless extenuating circumstances apply. In the				
case of such delay, you will be notified, in writing, of a ten-day extension. Labor costs will only be charged				
for requests which require significant amounts of time by Township staff to compile, examine, review, and if				
appropriate, delete exempt information, as provided in Section 14 of the Freedom of Information Act. In the				
case of color copies, maps or other material that cannot be duplicated at the Township Hall a receipt will be				
provided to verify cost, and you will be charged for any actual mileage required to arrange for the duplication				
of these materials. Peter Gallinat, Clerk and F.O.I.A. Coordinator				
For Township Use Only				
		_		
Date Received: / Extension Requested?		Date com	pleted:	/ /
I hereby state that the materials requested herein were mailed picked up the requestor on				
Circumtum of FOIA Countington on I				
/ / . Signature of FOIA Coordinator or designee:				
Payment: Deposit of \$, plus final payment of \$, paid in full on / / .				
Payment: Deposit of \$, plus final pay	ment of \$,	paiu in full or	ı /	/ .