

Township: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

Clarence Township, Calhoun County
27052 R. Drive N
Albion, Michigan 49224
Phone: (517) 857-2288

Request Form
Note: Requestors are not required to use this form. The township may complete one for recordkeeping if not used.

FOIA Request for Public Records
Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

Request No.: _____ **Date Received:** _____ **Check if received via:** Email Fax Other Electronic Method

Date delivered to junk/spam folder:

(Please Print or Type)

Date discovered in junk/spam folder:

Request for: Copy Certified copy Record inspection Subscription to record issued on regular basis

Delivery Method: Will pick up Will make own copies onsite Mail to address above
Email to address above

Deliver on digital media provided by the township:

Note: The township is not required to provide records in a digital format or on digital media if the township does not already have the technological capability to do so.

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:

Consent to Non-Statutory Extension of Township's Response Time	
<p>I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, <i>et seq.</i> I understand that the township must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the township's response time for this request until:</p> <p>_____ (month, day, year).</p>	
Requestor's Signature	Date

(Complete both sides)