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## FREEDOM OF INFORMATION REQUEST

Request for disclosure of Public Information

(Please complete the following information, print, sign, then mail, email, or fax to the above)

Requested By (First and Last Name):

Address, City, State, Zip:

E-mail:  Phone Number:

Nature of request and detailed description of public record sought:

How would you like to receive your request, be notified of an extension, or notified of fees?

(Select all that apply)

Mail       E-mail       Fax       Phone

Special Instructions:

Request response time: The Township has 5 business days from the date of receipt to respond to your request. The Township may request up to an additional 10 business days depending on the nature of the request and work load. There may be a cost associated with processing your request. You will be provided with an itemized fee form, due upon receipt, prior to the sending or pickup of the requested documents.

Requests that are picked up in person require the requestor to provide a driver's license/photo identification, which will be copied and signed by the requestor. If no photo identification is provided, the requested information will be sent via first class mail, once payment (if charges apply) has been received.

Signature of requestor: \_\_\_\_\_ Date:

Signature of acceptance: \_\_\_\_\_

Date Received:  FOIA Log Number:

For Office Use Only

Rev 1/25/2021