



Charter Township of Washington

COUNTY OF MACOMB

STATE OF MICHIGAN

Dan O'Leary, Supervisor
Kathy Bosheers, Clerk
Linda S. Verellen, Treasurer

Art Grimes, Trustee
Abby Jacobson, Trustee
Lisa Rapp, Trustee
Jim Richardson, Trustee

FREEDOM OF INFORMATION ACT REQUEST

NAME: _____

ADDRESS: _____

PHONE: _____

Pursuant to the Michigan Freedom of Information Act, being Act 442, Public Acts of 1976, as amended, I hereby request that the following records be made available to me to inspect, copy or receive copies of: (detailed description of public records requested):

I understand that the public body may request a good faith deposit from me if the fee authorized by the Freedom of Information Act exceeds Fifty (\$50.00) Dollars. I further understand that the deposit shall not exceed one-half (1/2) of the total fee authorized.

Signature of Requestor

Date

.....
(For office use)

Approved by: _____

Information Received: _____

Number of copies made: _____

Cost (if any): _____

Date Received: _____