

OCTOBER 2007

# FREEDOM OF INFORMATION ACT

## REQUEST FORM

IRA TOWNSHIP  
7085 MELDRUM RD.  
FAIR HAVEN, MI 48023  
586-725-0207

DATE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROPERTY NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SPECIFIC REQUEST:

RESPONSE:

COST: \_\_\_\_\_ (\$.25 per copy & labor cost)

Petitioner (Print) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employee (Print) \_\_\_\_\_

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Township Signature