



Unadilla Township Police Department
Freedom of Information Act
Request Form



DATE: _____

REQUEST BY:

Name: _____

Address: _____

Phone Number: _____

PUBLIC RECORDS REQUESTED:

Pursuant to the Michigan Freedom of Information Act, I request the following public record(s):

FORM OF REQUEST:

Please provide copies of the public records requested.

Please allow me to inspect copies of the public records requested.

NOTICE TO REQUESTOR:

1. The Township reserves the right to charge a fee as permitted under Section 4 of the Michigan Freedom of Information Act.
2. The Township reserves the right to charge a deposit as permitted under the Michigan Freedom of Information Act.
3. The Township reserves the right to require payment in full prior to releasing requested documents.

Date: _____

Signature: _____

Printed Name: _____