

WOODSTOCK TOWNSHIP
6486 DEVILS LAKE HWY.
ADDISON, MI 49220
517-547-6598

FREEDOM OF INFORMATION ACT
REQUEST FOR INFORMATION
(MCLA 15.321 et seq; MSA 4.1801(1) et seq)

Date of Request: _____

Request Number: _____

I, the undersigned, hereby request a copy of the following records from Woodstock Township:

I understand that Woodstock Township may charge me for this service pursuant to Section 4 of the Freedom of Information Act. I hereby agree to pay the charge for the furnishing of this information in advance of receiving copies of the files.

I also understand that Woodstock Township has five (5) business days from the date of this request to (a) grant the request; (b) issue a written notice of denying the request; (c) grant the request in part and issue a written notice denying the request in part; or (d) extend the time to respond by 10 days pursuant to 15.235(6) of the Act.

Signature of Applicant

Printed Name of Applicant

Address

Telephone Number

For Office Use Only

Request approved/denied _____ Date: _____

Person who picked up and/or paid for documents: _____

Description of documents supplied: _____

Number of copies: _____ Total Fees Paid: _____ Date Documents supplied: _____