

CHARTER TOWNSHIP OF CLINTON
FREEDOM OF INFORMATION ACT REQUEST FORM
(Please Type or Print Clearly)

Date: _____

Requesters Name: RECORDS DEPOSITION SERVICE, INC.
(Last) (First) (M.I.)

Address: P.O. BOX 5054
(Street) (Apt. No.)
SOUTHFIELD MI 48086-5054
(City/Township) (State) (Zip Code)

Telephone No. P: 248-357-3330 F: 248-357-3337

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: (Description of the public record sought - **Be Specific**)

PLEASE SEE ENCLOSED SUBPOENA OR LETTER

REQUEST FOR INFORMATION TO BE DISCLOSED

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. I understand that I may be charged a fee for a public record search, the necessary copying of a public record for inspection or for providing a copy of a public record. I am aware that these fees shall be limited to actual mailing costs, and to actual incremental costs of duplication or publication, including labor, the cost of search, examination, review, and the deletion and separation of exempt from non-exempt information. In calculating the costs of labor, the Township may not charge more than the hourly wage of the lowest paid public body employee capable of retrieving the information necessary.

Signature of Requester

Received by: _____ Processed by: _____
Date: _____ Date: _____
Time: _____ Time: _____
Referred to: _____