

**TUSCARORA TOWNSHIP
REQUEST FOR PUBLIC RECORD**

Freedom of Information Act, Authority: MCL 15.231, et seq.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Requestor's Name: _____
(LAST) (FIRST) (M.I.) (CO Represented)

Requestor's Address: _____
(STREET) (CITY/STATE) (ZIP CODE)

Requestor's Phone No.: _____
(AREA CODE/PHONE NUMBER YOU CAN BE REACHED MONDAY THROUGH FRIDAY, 9:30 A.M. TO 4:30 P.M.)

Requestor's Fax No.: _____

Email Address: _____

SPECIFIC INFORMATION REQUESTED

If the request is unclear, it could prevent the Township from providing the information

Address, Parcel, Number (*if known*): _____

Date(s) of Occurrence: _____

Location of Incident: _____

Type of Incident(s): _____

Requested Information: _____

For Township Use Only:

Date filed: _____

Accepted by: _____

5-day Response Date: _____

10-day Response Date: _____ (If applicable)