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Freedom of Information Act (FOIA) Request

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

(The following Section is to be filled out by the **Requestor**, please print clearly or type the information)

Name: _____

Organization/Firm: (leave blank if none): _____

Mailing Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Fax: _____

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Select how you would like to receive your response:

☐ E-Mail

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Record(s) requested please provide a description of what you are in search of:

Address: _____ Parcel ID: 11-03-_____

A request sent by e-mail or other electronic means is not considered received until (1) Business Day after it is transmitted. If the Request is sent to a Spam or Junk Mail Folder, it is not considered received until (1) Business Day after it is discovered.

Requestor's Signature: _____ Date: _____

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Additional Notes: _____

E-Mail Completed Form to dscalf@bentonchartertownship-mi.gov