

Request for Disclosure of Public Record
from Speaker Township

PO Box #177, Melvin Mi 48454 - Phone (810) 387-3356

Date of Request: _____ Day _____ Time _____ Taken by _____

Requested by _____ Phone# _____

Address _____ Second Phone# _____

Nature of Request & Description of Public Records Sought :

Please select one of the following:

Do you wish to receive a ___ paper copy or ___ digital copy, or ___ review/inspect material onsite?

Please check one or more of the following:

I request a fee estimate be provided me within 3 days, and agree that the Township need not respond to my request until 5 days after I receive the fee estimate.

I have examined the fee schedule and agree to pay those charges and waive any right to a fee estimate. The Township has five days to respond to my request.

I agree that the public body need not respond to my request until _____

Signed: _____

Estimated Cost: (Deposit of 1/2 required if over \$50)

Copying _____ pages (8 1/2 x 11) @ \$.10 each = \$ _____

Labor _____ hour @ \$15.00 hour = \$ _____

TOTAL \$ _____

Amount Received \$ _____ Receipt # _____ Date _____