

BUTMAN TOWNSHIP
GLADWIN COUNTY, MICHIGAN
5005 HOCKADAY RD
PHONE: 989-426-4351
FAX: 989-426-6442

FOIA REQUEST FOR PUBLIC RECORDS

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

Date Received _____ Circle one: Email, Fax, Other Method

Name _____ Phone # _____

Firm/Organization _____ Fax _____

Street _____ E-mail _____

City _____ State _____ Zip _____

Request for: Copy Certified copy Record Inspection

Delivery Method: Will pick up Will make own copies onsite Mail to address above E Mail to address above

Note: *The township is not required to provide in a digital format or on digital media if the township does not already have the technological capability to do so.*

Describe the public record (s) as specifically as possible.

Consent to Non-Statutory Extension of Township's Response Time

I have requested a copy of records or a subscription to records of the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that the township must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the township's response time for this request until : _____ (MMDDYYYY)

REQUESTOR'S SIGNATURE _____ DATE _____