

**CHARTER TOWNSHIP OF VAN BUREN
APPLICATION FOR ACCESS TO PUBLIC RECORD
UNDER PUBLIC ACT 442 OF 1976 (FREEDOM OF INFORMATION ACT)**

A. To be completed by applicant:

1. Name: _____

2. Mailing Address: _____
Street number City State Zip Code

3. Telephone Number: _____

4. Description of requested records:

a. Title of record: _____

b. Date(s) period covered: _____

c. Author: _____

d. Contents (be specific): _____

5. Request is to:

_____ Inspect the records _____ Receive copy of the record

Signed _____ Date _____

B. To be completed by the Township Clerk or Deputy Clerk.

1. Estimate record access fee charge \$ _____

NOTE: If estimated fee exceeds \$50, deposit of 50% of total fee is required.

2. Basis of actual fee charge:

a. Copy provided _____ 8 ½ x 11 pages @ \$.25 per page _____

_____ 11x17 pages @ \$.50 per page _____

_____ Blue print pages @ cost of reproduction _____

(plus employee hourly rate for travel to/from print shop)

b. Other related direct costs:

(Identify) _____

TOTAL FEE CHARGED \$ _____

3. Request denied: _____ Total _____ Partial.

C. Acknowledgment by Applicant:

I certify that I have received access to the public record of Charter Township of Van Buren in accordance with my request.

Signed _____ Date _____

For Internal Use Only

Date received: _____ Initial by: _____ CC: _____ Department Date Due: _____ Receipt # _____