



SPENCER TOWNSHIP, 14960 MEDDLER AVE, GOWEN, MI 49326

SPENCER TOWNSHIP
FREEDOM OF INFORMATION ACT
WRITTEN REQUEST

REQUESTED BY: _____
(Name of Requesting Person)

(Address)

(Telephone Number)

Description of public records(s) requested: _____

Nature of request (check one below):

- Please provide a copy of the requested public record(s).
 Please allow me the opportunity to inspect the requested public record(s).

Payment (initial below):

_____ I understand that Spencer Township will charge a fee for providing a copy of a public record, including the cost of copying, searching, examining, reviewing, separating and deleting exempt information. An additional fee may vary by how you request to receive the information (physical copies, sent by mail or email or on a flash drive, provided by the township charged to FOIA)

Signed: _____ **Date** _____
(Signature of Requesting Person)
