Tekonsha Township
127 E Jackson, Box 91
Tekonsha MI 49092
(517) 767-3366

FREEDOM OF INFORMATION REQUEST

Date: _____

Name of Requester: _____

Address: _____

Telephone No.: _____

*Public Record(s) Requested: _____

_____

_____

Request Received By: _____

Date: _____

Request Forwarded To: _____

Date: _____

Request Completed (Date): _____

Signature: _____

FEES

Duplication Fees: $.25 per copy x _____ copies = _____

Postage cost for mailing (if exceeding $.55) = _____

TOTAL FOR REQUEST $ _____

*In accordance with Michigan's Freedom of Information Act (PA 442 of 1976, as amended) the Township of Tekonsha will reply to a request for a public record as soon as practical, but not more than five (5) business days after receiving a request. However, under certain circumstances the Township of Tekonsha may notify the requester in writing and extend the time limit by ten (10) days.