

**Township:** Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

Clarence Township, Calhoun County  
27052 R. Drive N  
Albion, Michigan 49224  
Phone: (517) 857-2288

**Request Form**  
*Note: Requestors are not required to use this form. The township may complete one for recordkeeping if not used.*

**FOIA Request for Public Records**  
Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

**Request No.:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ Check if received via:  Email  Fax   
Other Electronic Method

Date delivered to junk/spam folder:

\_\_\_\_\_  
(Please Print or Type)

Date discovered in junk/spam folder:

**Request for:**  Copy  Certified copy  Record inspection  Subscription to record issued on regular basis

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

Deliver on digital media provided by the township:  
\_\_\_\_\_

**Note:** The township is not required to provide records 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.** You may use this form or attach additional sheets:

<b>Consent to Non-Statutory Extension of Township's Response Time</b>	
<p>I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, <i>et seq.</i> 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:</p> <p>_____ (month, day, year).</p>	
<b>Requestor's Signature</b>	<b>Date</b>

(Complete both sides)