

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

**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. Email address: _____

B. Description of requested records: _____

C. Request is to: _____ Inspect the records _____ Receive copy of the record

Notify when ready by: Telephone: _____ Email: _____ Mail: _____

Signed _____ Date _____

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 _____

Do not write below this line

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 1/2 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)
- _____ DVD recording @ \$15 per request _____

b. Other related direct costs:
(Identify) _____

TOTAL FEE CHARGED \$ _____

3. Request denied: _____ Total _____ Partial.