

**KOCHVILLE TOWNSHIP, SAGINAW COUNTY, MICHIGAN
FOIA REQUEST FORM**

Date: _____

Requested by:

Name

Address

City, State

Phone: _____

Method of Request: Mail In-Person Fax E-Mail Oral

Description of Requested Information (be as specific as possible): _____

Method of Delivery: Paper Copies (please mail) Paper Copies (will pick-up) E-Mail
On-Site Record Inspection Other: _____

Who Received Request: _____

Date Received: _____ **Effective business date of receipt:** _____

Clerk's Signature: _____

PLEASE FORWARD TO TOWNSHIP CLERK IMMEDIATELY