

**Douglass Township**  
3521 W. McBride Road, Entrican MI 48888  
989-762-8014 Fax 6018 www.douglasstwp.org  
Email: douglasstwp@gmail.com

**FREEDOM OF INFORMATION ACT REQUEST FORM**

I, \_\_\_\_\_, am requesting under the  
*Freedom of Information Act*, the following public records: (Please Print) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature indicates that I have read and do agree to the procedures and guidelines, the public summary, and the detailed itemization used for billing as published provided at the township hall - or on www.douglasstwp.org.

My address is \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

I understand that Douglass Township will be responding to these items pursuant to the Freedom of Information Act.

\_\_\_\_\_  
Signature Date

**FOR DOUGLASS TOWNSHIP USE ONLY**

\_\_\_\_\_  
Date Received Received By