For further information call 734/822-3120 Twp. Request No._____

Extended Information Request to Pittsfield Charter Township

Subject to the Freedom of Information Act (FOIA)

email to: clerk@pittsfieldtwp.org

Fax to 734/944-8024 / Mail to Clerk's Office, Pittsfield Twp., 6201 West Michigan Ave., Ann Arbor MI 48108

Requestor: _____ **Date Requested:** _____

Address: _____ **Telephone:** _____ (W)

_____ **Telephone:** _____ (H)

Email Address: _____

If you would like us to assist you in identifying the most suitable public information available, please **describe the specific purpose** and nature of your project (use back if space needed). This is not required.:

Information/Records Requested; Format needed (continue on back if space needed)**:**

How do you want to receive this information? ___Mail ___Pick it up ___E-Mail

If the scope of this request requires more than 1/2 hour of labor, a fee will be charged for the search, examination, review, and, if appropriate, the deletion and separation of exempt from nonexempt information as provided in Section 14 of the Freedom of Information Act. This fee is being charged because the failure to do so would result in unreasonably high costs to the Township.

FOR COMPLETION BY TOWNSHIP:

Date/Time Received: _____ Need by Date: _____

Date Fee Approved/ Deposit Received _____ Department assigned: _____

Completed Date: _____ Notified By: _____ ( ) Phone ( ) Mail ( ) In Person ( ) Email

Delivered Date: _____ Delivered By: ( ) Phone ( ) Fax ( ) Mail ( ) In Person ( ) Email

DUPLICATION COSTS:

(8 ½ x 11) Paper Copies @$.50 (1-6) & $.20 (7 +) /.25duplex X Number of Pages _____ $_____

(11 x 14) Paper Copies @$.75 (1-6) & $.25 (7 +) /.30 duplex X Number of Pages _____ $_____

(18 x 22) Paper Copies @ $2.00 (Black & White) X Number of Pages _____ $_____

@ $3.00 (Color) X Number of Pages _____ $_____

(24 x 36) Paper Copies @ $3.00 (Black & White) X Number of Pages _____ $_____

@ $5.00 (Color) X Number of Pages _____ $_____

Computer Media @ $_____ X Number of Disks: _____ $_____

[CD-R@ $1.00 / DVD-R @$1.00 / Sleeve@ $1.00]

MAILING COSTS: USPS /Ground Carrier $_____

Envelope Size/Cost: _____ $_____ [9X12=$1.00] $_____

Disk Mailer @ $1.00

LABOR COSTS: (If more than 1/2 hr. clerical)

$_____ per hour X Time: _____ $_____

OTHER COSTS: $_____

TOTAL CHARGES: $_____

****

To be completed at time of receipt:

Signature of Recipient: _____ **Date:** _____