## MILLINGTON TOWNSHIP FREEDOM OF INFORMATION REQUEST FORM Resolution #1-93/AMENDED 12/15/2025

| Date of Request:   | Signature of Requester:  |
|--|--|
| Name:  | Date of Response:  |
| Address:   | Signature of Official:   |
| Phone:   |  |
| Month or Year of the Requested Eve                               | nt Information:  |
| Red  | quested from Millington Township (Public Body)   |
| List public records requested:                                   |  |
|  |  |
|  |  |
| Because of unusual circ respond to your request.                 | eumstances, this public body requires an additional 10 business days to  |
| This is a certification that                                     | t the following records do not exist under the name given by the requester.  |
| The following records yo   | ou requested are exempt for the reason given:  |
| Your request is granted for                                      | or requested records.  |
| the custodian of the records exp                                 | rds are attached. arged for the cost of time spent searching for, examining, deletion unless pends in excess of ten minutes. At which time an hourly rate, to be seeting, by the Millington Township Board, will be charged. |
| <u> •</u>  | $\frac{1}{2}$ x 9 $\frac{1}{2}$ are \$.10, legal envelopes are \$.15, plus current postage rate. Voter registration is \$.01 per name, plus \$.10 per page off computer.   |
|  | er you have paid a deposit of \$, which is one-half of the copying must pay in full to get these records.  |
| You may inspect the records at of these records after inspection | this office on at the time of You may copy or order copies n.  |