

MILLINGTON TOWNSHIP FREEDOM OF INFORMATION REQUEST FORM

Resolution #1-93/AMENDED 7-21-25

Date of Request: _____

Signature of Requester: _____

Name: _____

Date of Response: _____

Address: _____

Signature of Official: _____

Phone: _____

Month or Year of the Requested Event Information: _____

Requested from Millington Township (Public Body)

List public records requested:

_____ Because of unusual circumstances, this public body requires an additional 10 business days to respond to your request.

_____ This is a certification that the following records do not exist under the name given by the requester.

_____ The following records you requested are exempt for the reason given: _____

_____ Your request is granted for requested records.

_____ Copies of those records are attached.

_____ A fee shall not be charged for the cost of time spent searching for, examining, deletion unless the custodian of the records expends in excess of ten minutes. At which time an hourly rate, to be adjusted yearly at the budget meeting, by the Millington Township Board, will be charged.

To deliver the requested information, the cost is \$.37 per mile.

If sent, small envelopes \$.05, 6 ½ x 9 ½ are \$.10, legal envelopes are \$.15, plus current postage rate.

Duplication is \$.15 per page. Voter registration is \$.01 per name, plus \$.10 per page off computer.

We will copy these records after you have paid a deposit of \$ _____, which is one-half of the copying charge of \$ _____, which you must pay in full to get these records.

You may inspect the records at this office on _____ at the time of _____. You may copy or order copies of these records after inspection.