



CASCADE CHARTER TOWNSHIP

5920 Tahoe Dr. SE Grand Rapids, Michigan 49546-7140

Jade Smith – FOIA Coordinator

P – 616-949-1500

FOIA@cascadetwp.com

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request for: Copy Certified copy Record inspection Subscription to record issued on regular basis
Delivery Method (*upon payment of balance*): Pick up in person Mail to address below Email to address below

| | | |
|-------------------|-------|-------|
| Name | | Phone |
| Firm/Organization | | Fax |
| Street | | Email |
| City | State | Zip |

(Please Print or Type)

Describe the public record(s) as specifically as possible:

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| Requestor's Signature | Date |
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Consent to Non-Statutory Extension of Township's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.* I understand that the township must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree to extend the township's response time for this request until: ____ (month, day, year) _____.

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|-----------------------|------|
| Requestor's Signature | Date |
|-----------------------|------|