

**CARROLLTON TOWNSHIP
FREEDOM OF INFORMATION ACT
WRITTEN REQUEST**

TO: Carrollton Township _____
(Name of Department)

REQUESTED BY: _____
(Name of Requesting Person)

(Address)

(Telephone Number)

Description of public record(s) requested: _____

Nature of request (check one below):

- Please provide a copy of the requested public record(s).
- Please provide a certified copy of the requested public record(s)/
- Please allow me the opportunity to inspect the requested public record(s).

Payment (check one below):

- I understand that Carrollton Township may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, re-viewing, separating and deleting exempt information.
- Attached is an affidavit of indigence. Please furnish me the requested public record(s) without charge for first \$20.00 of the required fee.

I agree that Carrollton township may respond to my request by the _____ day of _____, 200____.

Signed _____
(Signature of Requesting Person)

Date _____