

REQUEST FOR RECORDS

Date: _____

Name of Person Making Request:

Address of Person Making Request:

Phone Number: _____

Description of Records Sought to be Inspected: (For more space, continue on back)

Requesting Copies: _____ Not Requesting Copies: _____

INSTRUCTIONS: PICK-UP MAIL

I am familiar with and agree to the terms of the Potter Township Open Records Policy:

SIGNATURE

For Office Use Only:

Copies _____ Postage _____

TOTAL COST _____

DATE REQUEST FULFILLED _____

INITIALS OF STAFF MEMBER _____

DATE INFORMATION: Picked-up _____ Mailed _____