



BLENDON TOWNSHIP

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www.BlendonTownship-mi.gov

**FREEDOM OF INFORMATION ACT
REQUEST FORM**

YOUR "FREEDOM OF INFORMATION REQUEST" CANNOT BE PROCESSED UNTIL A COMPLETED INFORMATION FORM IS RECEIVED BY THE FREEDOM OF INFORMATION COORDINATOR.

Date of request: _____

Printed name and address of the person making the request:

Printed Name: _____

Street Address: _____

City, St & Zip: _____

Phone Number: _____

Title or specific description of each document being requested:

I understand that there may be fees for the recovery of the information requested and I agree to pay these fees in accordance with the established Blendon Township policy.

Signature of the person making the request