**NORTHFIELD TOWNSHIP**

**FREEDOM OF INFORMATION ACT REQUEST**

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| --- | --- |
| 1. | Date of Request |
| 2. | Name of Person Requesting |
| 3. | Address |
| 4. | Home Phone Work Phone |
| 5. | Description of Request. You must be specific in the public records sought. This includes a date of incident, type of incident, and if a name is included, please provide a complete name, address and date of birth. |
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**NOTIFICATION OF COSTS**

I understand that a fee will be charged for the actual duplication, mailing and clerical labor costs. I will make payment immediately for the services rendered. I also understand that I may be required to pay any associated costs prior to fulfilling the request.

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| --- |
| Signature |

**FEE STRUCTURE**

Clerical fees $12.50 per hour

Mailing Charges Per U.S. Postal Regulations

Duplicating fees $0.25 per page

**ADMINISTRATIVE USE ONLY**

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| Request Received by: | Date Received: | |
| Date of Time Extension Notification: |  Mail  In Person  Telephone | Initialed |
| Date of Response to FOIA: |  Mail  In Person | Initialed |
| Date of Compliance with Request: |  Mail  In Person | Initialed |
| Disposition of Request: | | |
| MISC INFO | | |
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