

**HOMER TOWNSHIP  
FREEDOM OF INFORMATION REQUEST**

Date Requested: \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Email \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number (optional): \_\_\_\_\_ Fax (optional): \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Records Requested (please be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Indicate: \_\_\_\_\_ Inspect \_\_\_\_\_ Copy

Is this request for a Commercial Purpose? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you requesting a fee waiver? \_\_\_\_\_ Yes \_\_\_\_\_ No

Charge if more than 50 pages (.15 cent-per-page)

Signature of Requestor: \_\_\_\_\_

*This office will respond to a request for public records within 5 working days*

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**Completed FOIA**

Person receiving completed request: \_\_\_\_\_

Date received: \_\_\_\_\_ Forwarded to: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Response: \_\_\_\_\_  
\_\_\_\_\_

Date Requestor received: \_\_\_\_\_

Requestor's signature: \_\_\_\_\_