

**Douglass Township**  
3521 W. McBride Road, Entrican MI 48888  
989-762-8014 Fax 6018 www.douglasstwp.org  
Email: douglasstwp@gmail.com

**FREEDOM OF INFORMATION ACT REQUEST FORM**

I, \_\_\_\_\_, am requesting under the  
*Freedom of Information Act*, the following public records: (Please Print) \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

My address is \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

I understand that Douglass Township will be responding to these items pursuant to the Freedom of Information Act.

\_\_\_\_\_  
Signature Date

---

**FOR DOUGLASS TOWNSHIP USE ONLY**

\_\_\_\_\_  
Date Received Received By