



FREEDOM OF INFORMATION REQUEST

Date: _____ / _____ / _____

FOR SALEM TOWNSHIP

REQUESTED BY:

(Name) _____

(Address) _____

(Telephone) _____

(Email) _____

Description of public records requested: _____

Nature of request (check one below):

_____ Please provide a copy of the requested public records.

_____ Please provide a certified copy of the requested public records.

_____ Please allow me an opportunity to inspect the requested public records prior to copying.

Payment (check one below):

_____ I understand that Salem Township may charge me a fee providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information.

_____ Attached is an affidavit of indigence.

I agree that Salem Township may respond to my request by the _____ day of

_____, _____.

(Signature)