

**FREEDOM OF INFORMATION ACT REQUEST (FOIA)
TO
CHARTER TOWNSHIP OF YORK
FOIA COORDINATOR: Clerk**

REQUESTED BY: _____

Name

Address

Phone Number

Fax Number

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 the public body may charge me a fee for 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 indigency. Please furnish me the requested public records without charge for the first \$20.00 of the required fee.

I agree that the public body may respond to my request by the _____ day of _____, 20____. (*Five business days after date of receipt of request by coordinator*)

Date

Signature