

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

REQUESTED BY: _____
Name

Address

Phone Number

Fax Number

_____ *(e-mail address)*

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 fifth business day after receipt of request.

Date

Signature

Office Use Only: Fifth business day is: the _____ day of _____, 20____.