

Clay Township Open Records Request Form

Date Requested: _____

Request Submitted by: E-Mail US Mail Fax In-Person

Name of Requestor: _____

Mailing Address: _____

Street/PO Box

City	State	Zip Code
------	-------	----------

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Records Requested: Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity to enable the Township to ascertain which records are being requested.

Do you want copies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want to inspect the records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want certified copies of records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Office Use Only:

Right to Know Officer: _____

Date Received by Agency: _____

Agency Five (5) Day Response Due: _____