



**Saginaw Charter Township  
Freedom of Information Act**

Date Request Was Received: \_\_\_\_\_

<b>Name of Applicant</b>	
<b>Address &amp; Tele. No.</b>	
<b>F.O.I.A. Coordinator or Assigned Designee</b>	
<b>Details of inquiry/information requested:</b>          	
<b>Disclosure: Actions taken - what information was provided? /refused? and when?</b>          	

**If this request is assigned to a designee, please complete and return to the Manager's Office. If request is refused, contact the Manager immediately. A copy of refusal letter must be attached stating reasons for refusal.**