

**COUNTY OF OTSEGO
ADMINISTRATION OFFICE**

225 West Main Street
Gaylord, Michigan 49735
Phone (989)731-7520 Fax (989)731-7529

REQUEST FOR PUBLIC RECORDS

Authority: Michigan Freedom of Information Act, 1976 PA 442, as amended

(Please Print or Type)

Name:	Telephone:	
Firm/Organization:	Fax :	
Street:		
City:	State:	Zip:

Describe the public record as specifically as possible: *(Please give file number if known)*

I wish to obtain _____ copy(ies) of the record.

Signature:	Date:
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CONSENT TO EXTENSION OF TIME ON REQUEST FOR PUBLIC RECORDS

I have requested a copy of or access to records pursuant to the Michigan Freedom of Information Act, 1976 PA 442, as amended. I understand that the public body must respond to the request within five (5) business days after receiving it, except that the public body may take an extension for an additional ten (10) business days. However, I hereby agree and consent to extending the time for public body to respond to my request until

Signature:	Date:
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