

**Cuba Township**  
**FREEDOM OF INFORMATION ACT**  
***REQUEST FORM***

Date of request \_\_\_\_\_

To:

From:

\_\_\_\_\_  
(Name of Township official)

\_\_\_\_\_  
(Name of FOIA requester)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(phone/email)

\_\_\_\_\_  
(phone/email)

Description of request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you wish to inspect the above mentioned records, request copies of them, or both

\_\_\_\_\_ inspect          \_\_\_\_\_ copy          \_\_\_\_\_ both

Signature of requester: \_\_\_\_\_