

**COHOCTAH TOWNSHIP**  
LIVINGSTON COUNTY

**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

DATE OF REQUEST \_\_\_\_\_

REQUESTER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SPECIFIC INFORMATION BEING REQUESTED (INCLUDE NAMES AND ADDRESSES AS APPROPRIATE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

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DATE REQUEST RECEIVED \_\_\_\_\_

NUMBER PAGES \_\_\_\_\_ COST \_\_\_\_\_ POSTAGE \_\_\_\_\_

DATE RELEASED \_\_\_\_\_ BY \_\_\_\_\_

PAID \_\_\_\_\_

RECEIVED BY (IN PERSON) IF APPLICABLE \_\_\_\_\_

DATE \_\_\_\_\_