

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

**Benzie County Government Center
County Administrator/Controller
448 Court Place
Beulah, MI 49617
231-882-0035 231-882-7072-FAX**

Date of Request: _____

Description of the record(s) you are requesting and any additional information that will help to identify the correct record.

Requestor Name: _____

(Please Print)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

Email: _____

I understand that there may be charges for duplication of these specific records in addition to research charges. A minimum of \$0.25 per page for standard photocopies will be charged to the requestor in addition to any other charges incurred.

Signature _____ **Date:** _____

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY ADMIN STAFF

Request received by: _____

Date: _____ Time: _____

Five-day response rule begins one working date after receipt of request.

Rev_9/2008 This form may be submitted by mail or FAX