



GRAND TRAVERSE COUNTY
SOIL EROSION – SEDIMENTATION CONTROL
2650 LAFRANIER ROAD
TRAVERSE CITY, MICHIGAN 49686
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gtsoilerosion@grandtraverse.org

FREEDOM OF INFORMATION REQUEST

DATE: _____

UNDER THE FREEDOM OF INFORMATION ACT, I REQUEST INFORMATION PERTAINING TO THE FOLLOWING

SITE ADDRESS/ PARCEL ID:

PERSON REQUESTING SIGNATURE

ADDRESS

PERSON REQUESTING PRINTED NAME

DAYTIME PHONE NUMBER

OFFICE USE ONLY

APPROVED BY

CHARGES:	COPIES @ \$.25 EACH	\$ _____
	PER HOUR @ \$26.55	\$ _____
	*PLAN COPIES @ \$25.00 +	\$ _____
	COST OF COPIES	
	OTHER:	\$ _____
	TOTAL DUE:	\$ _____

*NOTE ALL SEALED DRAWINGS MUST HAVE WRITTEN AUTHORIZATION FROM DESIGNING ENGINEER BEFORE OBTAINING COPIES

YOU MAY BE CHARGED FOR LABOR AND MATERIALS ASSOCIATED WITH THE PROCESSING OF YOUR REQUEST. IF THE CHARGES EXCEED \$50, YOU WILL BE NOTIFIED THAT A DEPOSIT OF 50% OR THE FULL AMOUNT OF THE TOTAL ESTIMATED COST BE PAID BEFORE RECORDS ARE COPIED AND PROVIDED TO YOU.