



Document Request Form

Charter Township of Chocolay

Fees: \$5.00 copy of property assessing record files (per parcel) * This fee is waived if the requester owns the property. A signature is required for an owner who seeks the waiver.

\$0.15 one-sided copy

\$0.25 two-sided copy

\$1.00 fax

Payable by cash, check or money order made payable to Chocolay Township

Please complete *BOTH* of the following sections:

I. Requester Information

Name/ Company Name: _____

Check One: _____ Property Owner _____ Other

Mailing Address: _____

State: _____ ZIP Code: _____ (Daytime) Phone Number: _____
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** Owner's Signature: _____

Type of Request Being Made: _____ Review only _____ Copies
* no charges * see fee schedule

(** Required for waiver of fee, see above)

II. Document/ Record Information

Please provide the following information for *EACH* record you are requesting:

Department <small>(Planning Commission, TWP Board, Planning, Assessing etc.)</small>	Specific information for document request <small>(board/ commission packet for <u>specify date</u>, property address, owners name etc. Parcel number)</small>	Type of Document <small>(agenda, board packet, assessing records etc.)</small>

Place additional request on a separate paper

Return completed form and/ or payment to: Chocolay Township Clerk
5010 US 41 S
Marquette, MI 49855

Do not write in this space (For office use only)

Indicate METHOD of payment: _____ Check _____ Money Order _____ Cash _____ Waived

Money Order/ Check Number: _____ Amount: \$ _____

Received by: _____ Assigned to: _____ Date: ____/____/____

Date processed: ____/____/____

Date documents **received** or **reviewed** by REQUESTER: ____/____/____