

**HOMER TOWNSHIP
FREEDOM OF INFORMATION REQUEST**

Name of Requestor: Maria Szaflarski

Address: _____

Phone Number (optional): _____ **Fax (optional):** _____

E-mail address (optional): _____

Records Requested (please provide as much specific information as possible):

Any and all recordings/documents regarding
P.I.N. # 1605344000050000 from year
2000 to 2023.

Please Indicate: _____ **Inspect** ☒ **Copy** _____ **Is this request for a Commercial**
Purpose? _____ **Yes** ☒ **No** _____ **Are you requesting a fee waiver?** _____ **Yes** ☒ **No** _____

Charge if more than 50 pages (.15 cent-per-page)

Requestor's Signature: Maria Szaflarski

This office will respond to a request for public records within 5 working days.

FOR OFFICE USE ONLY

FOIA Request submitted by: _____ **Email** _____ **U.S. Mail** _____ **Fax** ☒ **In Person**

Received Date: 4/28/23

Received by: Vicki Boren **Given to:** _____

FOIA Officer completing this request: Vicki Boren **Date:** 5/1/23

Forwarded to: _____ **Date:** _____

Response: _____

COMPLETED REQUEST:

Requestor's Signature: _____ **Date Received:** _____

Fee \$ 0 **Cash/check #** _____