

**MARION TOWNSHIP
DOCUMENT REVIEW/DUPLICATION REQUEST**

Date of Request: _____ Request No. _____

Please indicate need: REQUEST TO REVIEW _____ REQUEST TO DUPLICATE _____

Please list the SPECIFIC document(s):

Requested by: _____ Telephone # _____

Address: _____

Signature Date

----- To be completed by recipient of documents -----

Received by: _____
Signature Date of Receipt

Print name here: _____

-----DO NOT WRITE BELOW THIS LINE-----

Assigned this _____ day of _____, 200_____.

Township Secretary Name of Designated Employee

Documents:

Number of pages copied _____ x \$ _____ \$ _____

Plans:

Number of pages: _____ x \$ _____ Per page (X) \$ _____ 24"
Additional cost for larger sizes \$ _____

Other Documents:

Specify type and amount collected: _____ \$ _____
(Description)

Deposit received: \$ _____ \$ _____

(Requested for Amounts over \$100)
Total due less deposit (if applicable) \$ _____

PREP TIME USED: _____