

One Hurley Plaza Flint, Michigan 48503

## **FOIA Request for Public Records**

## Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request No.:	Date Received:			Email □ Fax □ Other Electron	nic Method
Date of this Notice: (Please Print or Type)			<u>ered</u> to junk/spa overed in junk/s	am folder: pam folder:	
Name				Phone	
Firm/Organization				Fax	
Street				Email	
City		\$	State	Zip	
Request for:	Copy   Certified Copy	☐ Record Inspection	□ Subscripti	on to record issued on regular basis	
Delivery Method:  ☐ Deliver on digital med	☐ Will pick up lia provided by HMC:	☐ Mail to address	above	☐ Email to address above	
<b>Note:</b> HMC is not require so.	ed to provide records in a di	gital format or on digital me	edia if HMC doe	s not already have the technological	capability to do
Describe the public rec	ord(s) as specifically as p	ossible. You may use this	form or attach	additional sheets:	
Consent to Non-Statutory Extension of HMC's Response Time					
Information Act, Public after receiving it, and th	Act 442 of 1976, MCL 15.23	1, et seq. I understand that king a 10-business day exte	at HMC must rea	ecords, pursuant to the Michigan Fre spond to this request within five (5) be er, I hereby agree and stipulate to ext	usiness days
Requestor's Signature	)				Date

(Complete both sides)

## **Records Located on Website**

If HMC directly or indirectly administers or maintains an official internet presence, any public records available to the general public on that internet site at the time the request is made are exempt from any labor charges to redact (separate exempt information from non-exempt information).

If the FOIA coordinator knows or has reason to know that all or a portion of the requested information is available on its website, HMC must notify the requestor in its written response that all or a portion of the requested information is available on its website. The written response, to the degree practicable in the specific instance, must include a specific webpage address where the requested information is available. On the detailed cost itemization form, HMC must separate the requested public records that are available on its website from those that are not available on the website and must inform the requestor of the additional charge to receive copies of the public records that are available on its website.

If HMC has included the website address for a record in its written response to the requestor and the requestor thereafter stipulates that the public record be provided to him or her in a paper format or other form, including digital media. HMC must provide the public records in the specified

format (if HMC has the technological capability) but may use a fringe benefit multiplier greater than the 50%, not to exceed the actual costs of providing the information in the specified format.					
Request for Copies/Duplication of Records on HMC Website  I hereby agree that, even if some or all of the records are located on HMC's website, I am requesting that HMC make copies of those records available on the website and deliver them to me in the format I have requested above. I understand that some FOIA fees may apply.					
Requestor's Signature Date					
Overtime Labor Costs  Overtime wages shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor and clearly noted on the detailed cost itemization form.					
Consent to Overtime Labor Costs  I hereby agree and stipulate to HMC using overtime wages in calculating the following labor costs as itemized in the following categories:  1. □ Labor to copy/duplicate  2. □ Labor to locate  3. □ Labor to redact  4. □ Contract labor to redact  5. □ Labor to copy/duplicate records already on township's website					
Requestor's Signature Date					
Request for Discount: Indigence  A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by an individual who is entitled to information under this act and who:  1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance, OR  2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigence.  If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if ANY of the following apply:  (i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year, (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration.					
Office Use: ☐ Affidavit Received ☐ Eligible for Discount ☐ Ineligible for Discount  I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request: Date					
Requestor's Signature:					
Request for Discount: Nonprofit Organization  A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental Disabilities  Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request meets ALL of the following requirements:  (i) Is made directly on behalf of the organization or its clients.  (ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931.  (iii) Is accompanied by documentation of its designation by the state, if requested by HMC.					
Office Use:					
I agree that I am a designated agent for the nonprofit organization making this FOIA request and that this request is made  Date directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931:					
Requestor's Signature:					