

FOIA Request for Public Records

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

Phone: (989) 831-5237

Fax: (989) 831-5522

Email: PIO@mmdhd.org

FOIA Request Form

Requestors are not required to use this form. MMDHD may complete one for recordkeeping if not used.


Note: If you are requesting an Environmental Health record you may be able to use the EH Portal to gather the requested information or use the Environmental Health Request for Public Records Form.

Requestor *Please type or print*

Name		Phone	
Firm/Organization		Fax	
Street		Email	
City		State	Zip
<u>Request for</u>	<input type="checkbox"/> Copy	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Record Inspection <input type="checkbox"/>
<u>Delivery Method</u>	<input type="checkbox"/> Will Pick Up	<input type="checkbox"/> Mail to address above	<input type="checkbox"/> Email to address above <input type="checkbox"/> Fax to number above
	<input type="checkbox"/> Requestor to photo/scan onsite	<input type="checkbox"/> Deliver on digital media provided by MMDHD Preferred Media:	

Note: MMDHD is not required to provide records in a digital format or on digital media if MMDHD does not already have the technological capability to do so.

Records Requested/Additional Information – describe as specifically as possible

Requestor's Signature		Date
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Office Use *Keep original and provide copy of request form, along with Public Summary, to Requestor at no charge*

Date Received	Log #	Response Due Date	Received Via	
Received By	Forwarded To	Release Date	<input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Mail
Released By	No. Pages	Date delivered to junk/spam	<input type="checkbox"/> In Person	<input type="checkbox"/> Other Method
		Date discovered in junk/spam		

Requestor: Complete next page sections as applicable

Consent to Non-Statutory Extension of MMDHD's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that MMDHD must respond to this request within five (5) business days after receiving it, and that response may include adding a 10-business day extension.

However, I hereby agree and stipulate to extend MMDHD's response time for this request until: _____ (month, day, year).

Requestor's Signature

Date

Records Located on Website

If MMDHD 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, MMDHD 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 statement of fees form MMDHD 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 MMDHD 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, MMDHD must provide the public records in the specified format (if MMDHD 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 the MMDHD Website

I hereby stipulate that, even if some or all of the records are located on the MMDHD website, I am requesting that MMDHD make copies of those records 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 MMDHD using overtime wages in calculating the following labor costs as itemized in the following categories:

- 1. Labor to copy/duplicate
- 2. Labor to locate
- 3a. Labor to redact
- 3b. Contract labor to redact
- 6b. Labor to copy/duplicate records already on MMDHD 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.

I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request.

Requestor's Signature

Date

Office Use

Affidavit Received

Eligible for Discount

Ineligible for Discount

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 MMDHD

I stipulate that I am a designated agent for the nonprofit organization making this FOIA request and that this request is made 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

Date

Office Use

Documentation of State Designation Received

Eligible for Discount

Ineligible for Discount