Health Department of Northwest Michigan

# FOIA Request for Public Records

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

**Request No.:** _____ Date Received: _____ Check if received via: ☐ Email ☐ Fax ☐ Other Electronic Method

Date delivered to junk/spam folder: _____

*(Please Print or Type)* Date discovered in junk/spam folder: _____

| | | |
|---|---|---|
| Name | | Phone |
| Firm/Organization | | Fax |
| Street | | Email |
| City | State | Zip |

**Request for:** ☐ Copy ☐ Certified copy ☐ Record inspection ☐ Subscription to record issued on regular basis

**Delivery Method:** ☐ Will pick up ☐ Will make own copies onsite ☐ Mail to address above ☐ Email to address above

☐ Deliver on digital media provided by HDNW: _____

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

**Describe the public record(s) as specifically as possible.** You may use this form or attach additional sheets**:**

Any records regarding the well and septic system(s) at the subject property;

**Consent to Non-Statutory Extension of HDNW 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 HDNW must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend HDNW response time for this request until: _____ (*month, day, year*).

| **Requestor's Signature** | **Date** |
|---|---|
| | |

*(Complete both sides)*

**Records Located on Website**

If the agency 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, HDNW 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, HDNW 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 HDNW 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, HDNW must provide the public records in the specified form at (if HDNW 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 Health Department Northwest Michigan Website**

I hereby stipulate that, even if some or all of the records are located on the HDNW website, I am requesting that HDNW 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 HDNW 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 HDNW'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 ___ No. of Previous Discounted Requests During _____ Calendar Year

☐ Eligible for Discount ☐ Ineligible for Discount

| I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request:<br>Requestor's Signature: | Date: |
|---|---|

**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 HDNW.

**Office Use:** ☐ Documentation of State Designation Received ☐ Eligible for Discount ☐ Ineligible for Discount

| 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:<br><br>Requestor's Signature: | Date: |
|---|---|