FOIA Request for Public Records

Request No.: _________ Date Received: __________ Check if received via: ___ Email; ___ Fax; ___ Other Electronic Method

Date delivered to junk/spam folder: ________________ Date discovered in junk/spam folder: ________________

(Please Print or Type)

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 the Health Department

Note: The Health Department is not required to provide records in a digital format or on digital media if the Health Department 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:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

(Complete both sides)
Consent to Non-Statutory Extension of Health Department'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 the Health Department 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 the Health Department's response time for this request until ___________(month, day, year).

Requestor's Signature: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>Records Located on Website</th>
<th>Date</th>
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<tbody>
<tr>
<td>If the Health Department directly or indirectly administers or maintains an official internet presence, any public records available to the 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).</td>
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If the FOIA coordinator knows or has reason to know that all or a portion of the requested information is available on its website, the Health Department 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, the Health Department 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 the Health Department 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, the Health Department must provide the public records in the specified format (if the Health Department 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 Website

I hereby stipulate that, even if some or all of the records are located on a Health Department website, I am requesting that the Health Department 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: ___________________________

<table>
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<tr>
<th>Overtime Labor Costs</th>
<th>Date</th>
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<tbody>
<tr>
<td>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.</td>
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</table>

Consent to Overtime Labor Costs

I hereby agree and stipulate to the Health Department 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 Health Department's website

Requestor's Signature: ___________________________ Date: ___________________________