

**Health Department:** Keep original and provide copies of both sides of each sheet, along with Public Summary, to requestor at no charge.

**Benzie-Leelanau District Health Department**  
6051 Frankfort Highway; Suite 100  
Benzonia, Mi 49616  
Phone: 231-882-4409

**Request Form**  
*Note: Requestors are not required to use this form. The Health Department may complete one for recordkeeping if not used.*

**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:** \_\_\_\_\_ **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

Records Located on Website

If the Health Department 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, 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

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 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