

Request Form: Requesters are not required to use this form. Village may complete this form, if desired for record-keeping, if form not used.

[illegible]

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

I have requested a copy of records or a subscription to records or the opportunity to inspect and/or copy records, pursuant to Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et. seq. I understand that the Village must respond to this request within (5) business days after receiving it, and that response may include taking a 10 business day extension. However, I hereby agree to stipulate to extend the Village's response time for this request until: **(specify month, date and year)** _____.

Requester's Signature:**Date:****Records Available on Website**

If the Village 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 from nonexempt 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 Village must notify the requester in its written response that all or a portion of the requested information is available on the website. The written response, to the degree practical, must include a specific webpage address where the requested information is available. On the Detailed Cost Itemization form, the Village must separate the requested public records that are available on the website from those that are not available on the website and must inform the requester of the additional charge to receive copies of the public records that are available on its website.

If the Village has included the website address for a record in its written response to the requester and the requester thereafter stipulates that the public record must be provided to him/her in a paper format or other form, including digital media, the Village must provide the public records in the specified format (if the Village has the technological capability to do so) but may use a fringe benefit multiplier greater than the 50% specified by law, not to exceed the actual costs of providing the information in the specified format.

Request for Copies/Duplication of Records on Village Website

I hereby adjudicate that, even if some or all of the records requested are located on the Village website, I am requesting the Village to make copies of those records on the website and deliver them to me in the format requested. I understand that some FOIA fees may apply.

Requester'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 requester and clearly noted on the Detailed Cost Itemization form.

Consent to Overtime Labor Costs

I hereby agree and stipulate to the Village that may use overtime wages in completing my FOIA request and calculating the following labor costs as itemized in the following categories (Check (v) each item(s) for which you allow overtime to be used):

1. _____ Labor to copy/duplicate

3.b. _____ Contract labor to redact

2. _____ Labor to locate

4.b. _____ Labor to copy/duplicate records already on Village's website

3.a. _____ Labor to redact

Requester's Signature:**Date:**

| Request for Discount: Indigence | |
|---|--------------|
| <p>A public record search must be made and a copy of a public record 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:</p> <ol style="list-style-type: none"> 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 due to indigence. <p>If a requester is ineligible for the discount, the public body shall inform the requester specifically of the reason for ineligibility in the public body's written response.</p> <p>An individual is ineligible for this fee reduction if ANY of the following apply:</p> <ol style="list-style-type: none"> (I) The individual has previously 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 requester in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration. <p>Office Use (Date or Yes/ No) : ____ Documentation of State Designation Received ____ Eligible for Discount ____ Ineligible for Discount</p> | |
| <p>I am submitting an Affidavit and requesting that I receive the discount for indigence for this FOIA request.</p> <p>Requestor's Signature:</p> | <p>Date:</p> |

| Request for Discount: Nonprofit Organization | |
|---|--------------|
| <p>A public record search must be made and a copy of a public record must be furnished without charge for the first \$20 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:</p> <ol style="list-style-type: none"> (i) Is made directly on behalf of the organization and 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 the Village. <p>Office Use (Date or Yes/ No) : ____ Documentation of State Designation Received ____ Eligible for Discount ____ Ineligible for Discount</p> | |
| <p>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.</p> <p>Requester's Signature:</p> | <p>Date:</p> |