

Fire Dept.: Keep original and provide copy of both sides to requestor, along with copy of Public Summary, to requestor at no charge.

White Lake Township Fire Department
Administration Mailing Address
7525 Highland Road
White Lake, MI 48383
Phone: (248) 698-3993
Email: FDrecords@whitelaketwp.com



Fire Dept. Request Form
Note: Requestors are not required to use this form. The 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.

For Fire Department use only:		
Request No.: _____	Date Received: _____	Check if received via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other Electronic Method
<input type="checkbox"/> Verbal Request		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 department: _____

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

Requestor's Signature	Date

Voluntary Consent to Non-Statutory Extension of 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 department must respond to this request within five (5) business days after receiving it, and the department is permitted a statutory extension of 10-business days. However, I voluntarily agree and stipulate to extend the department's statutory response time to this request by _____ (days), or until: _____ (month, day, year), whichever is later.

Requestor's Signature	Date
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(Complete both sides)

Records Located on Website

If the 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 for redacting (*separating 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 Department must, in its written response, notify the requestor 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 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 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 Department must provide the public records in the specified format (if the 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.

Stipulated Request for Copies/Duplication of Records Already Available on Department Website

I am requesting that the Department make copies of all records requested, including those already available on the Department website, and deliver them to me via the method that I have indicated above on this Form. Therefore, I hereby understand and stipulate that some additional FOIA fees may apply.

Requestor's Signature	Date
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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 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
- 3. Labor to redact
- 4. Contract labor to redact
- 5. Labor to copy/duplicate records already on Department's website

Requestor's Signature	Date
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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, states facts showing inability to pay the cost because of indigence.

If a requestor is ineligible for the discount, the Department shall inform the requestor specifically of the reason for ineligibility in the Department'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 Department twice during that calendar year, or
- (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. The Department may make available an affidavit form, and 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 Eligible for Discount Ineligible for Discount

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

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 Federal 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, and
- (iii) Is accompanied by documentation of its designation by the State, if requested by the Department.

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

I affirm that I am a designated agent for the nonprofit organization authorized in 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:	Date:
Requestor's Signature:	