



BAY COUNTY FOIA REQUEST FOR PUBLIC RECORDS

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

BAY COUNTY FOIA COORDINATOR

515 Center Avenue, Ste. 402, Bay City, MI 48708, (989)895-4131, foia@baycountymi.gov

You can use this form to submit your FOIA request, but it's not mandatory. We recommend submitting your request online through the Bay County FOIA Request Portal at bit.ly/bcfoiaportal. If you don't submit online, please provide your email address for a quicker response!



YOUR CONTACT INFORMATION **REQUIRED***

(*Unless you qualify to make an indigency request, you must provide valid contact information and a phone number or email with each request.)
Your Name: _____ Phone: _____
Firm/Organization: _____ Fax: _____
Street: _____
City: _____ State: _____ Zip: _____
Email Address: _____

REQUEST INFORMATION **REQUIRED**

YOU CAN SUBMIT MULTIPLE REQUESTS ON ONE FORM!

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

Delivery Method: Email Mail Will Pick Up Will make own copies onsite

Select the department(s) you wish to complete a search for the requested public record(s):

- 911 Animal Services Board of Commissioners Clerk Drain Office Finance/Purchasing
- Health/Enviro. Health/Medical Examiner Personnel (HR) Retirement Board Sheriff Treasurer
- Other: _____

Describe the public record(s) as specifically as possible. A request that is overly vague or does not give reasonable time parameters will be denied. You may use this form or attach additional sheets:

Requester's Signature: _____ Date: _____

CONSENT TO NON-STATUTORY EXTENSION OF COUNTY'S RESPONSE TIME **OPTIONAL**

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 county 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 county's response time for this request until: _____ (month, day, year).
Requester's Signature: _____ Date: _____

RECORDS LOCATED ON WEBSITE **OPTIONAL**

If the county 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 county 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 county 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 county 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 county must provide the public records in the specified format (if the county 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 County Website

I hereby stipulate that, even if some or all of the records are located on a county website, I am requesting that the county 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.

Requester's Signature: _____ Date: _____

OVERTIME LABOR COSTS

OPTIONAL

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 county 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 the county's website

Requester's Signature: _____ Date: _____

REQUEST FOR DISCOUNT: INDIGENCE

OPTIONAL

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, state facts showing the 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.

I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request:

Requester's Signature: _____ Date: _____

REQUEST FOR DISCOUNT: NONPROFIT ORGANIZATION

OPTIONAL

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 the county.*

I stipulate that I am a designated agent for the nonprofit organization making this FOIA request. The information requested is directly related to our organization's mission and will be used for a purpose consistent with the provisions of Section 931 of the Mental Health Code (1974 PA 258, MCL 330.1931):

Requester's Signature: _____ Date: _____