Minden Township, Sanilac County 1657 Main Street, PO Box 54 Minden City, MI 48456

FOIA Request for Public Records

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

Request No.:	Date Rec	eived:	Check if received via: ₹	🗦 Email 📚 Fax 📚 Other Electronic
Method			Date <u>delivered</u> to junk/sp	pam folder:
(Please Print or Type)			Date discovered in junk/	spam folder:
Name				Phone
Firm/Organization				Fax
Street				Email
City			State	Zip
Request for: regular basis	Сору	Certified copy	Record inspection	Subscription to record issued on
Delivery Method: above		Will make own c		o address above 💝 Email to address
Deliver on digital	media provided by	the township		
Note: The township i technological capabil	·	ovide records in a dig	ital format or on digital med	dia if the township does not already have the
Describe the public	record(s) as spec	cifically as possible.	You may use this form or a	attach additional sheets:
	y of records or a sub	scription to records or th		ds, pursuant to the Michigan Freedom of
	and that response ma	ay include taking a 10-bu		t respond to this request within five (5) business ver, I hereby agree and stipulate to extend the

Requestor's Signature	Date
Records Located on Website	L
If the township directly or indirectly administers or maintains an official internet presence, any public records available to the gene internet site at the time the request is made are exempt from any labor charges to redact (<i>separate exempt information from non-information</i>).	
If the FOIA coordinator knows or has reason to know that all or a portion of the requested information is available on its website, t notify the requestor in its written response that all or a portion of the requested information is available on its website. The written degree practicable in the specific instance, must include a specific webpage address where the requested information is available cost itemization form, the township must separate the requested public records that are available on its website from those that are website and must inform the requestor of the additional charge to receive copies of the public records that are available on its	response, to the e. On the detailed re not available on
If the township has included the website address for a record in its written response to the requestor and the requestor thereafter public record be provided to him or her in a paper format or other form, including digital media, the township must provide the pub specified format (if the township has the technological capability) but may use a fringe benefit multiplier greater than the 50%, not actual costs of providing the information in the specified format.	lic records in the
Request for Copies/Duplication of Records on Township Website I hereby stipulate that, even if some or all of the records are located on a township website, I am requesting that the township mal 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 at the detailed cost itemization form.	and clearly noted on
Consent to Overtime Labor Costs I hereby agree and stipulate to the township using overtime wages in calculating the following labor costs as itemized in the follow	vina categories:
1. Description Labor to copy/duplicate 2. Description Labor to locate 3a. Labor to redact 3b. Contract labor	
6b. Stabor to copy/duplicate records already on township's website	
Requestor's Signature	Date
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 th 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, stating facts showing 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 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 the	e public body's nat calendar year,
(ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the recommade in conjunction with outside parties in exchange for payment or other remuneration.	
Office Use: Affidavit Received No. of Previous Discounted Requests During Calendar Year Eligible for Discount	
I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request: Requestor's Signature:	Date:
Request for Discount: Nonprofit Organization	L
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 th request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental D Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request me 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 Menta 1974 PA 258, MCL 330.1931. (iii) Is accompanied by documentation of its designation by the state, if requested by the township.	Disabilities eets ALL of the
Office Use: 💝 Documentation of State Designation Received 💝 Eligible for Discount 💝 Inelig	rible for Discount
I stipulate that I am a designated agent for the nonprofit organization making this FOIA request and that this request is made	Date:
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:	

Paguactor's Signature	
Requestor's Signature.	
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(Michigan Townships Association, rev. March 2019)