

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

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, 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 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.

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 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 Health Department.

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

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: Requestor's Signature: _____	Date:
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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

FOIA Appeal Form—To Appeal a Denial of 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 of This Notice: _____ 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

Record(s) You Requested: *(Listed here or see attached copy of original request)*

Reason(s) for Appeal:

The appeal must specifically identify how the required fee(s) exceed the amount permitted. You may use this form or attach additional sheets:

Requestor's Signature: _____ Date: _____

Health Department Response:

The Health Department must provide a response within 10 business days after receiving this appeal, including a determination or taking one 10-day extension.

Health Department Extension: We are extending the date to respond to your FOIA fee appeal for no more than 10 business days, until _____ (month, day, year). Only one extension may be taken per FOIA appeal.

Unusual circumstances warranting extension: _____

If you have any questions regarding this extension, contact: _____

Health Department Determination:

Denial Reversed; Denial Upheld; Denial Reversed in Part and Upheld in Part

The following previously denied records will be released: _____

Notice of Requestor's Right to Seek Judicial Review

You are entitled under Section 10 of the Michigan Freedom of Information Act, MCL 15.240, to appeal this denial to the Board of Health or to commence an action in the Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure. If, after judicial review, the court determines that the Health Department has not complied with MCL 15.235 in making this denial and orders disclosure of all or a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240. (See *back of this form for additional information on your rights.*)

Signature of FOIA Coordinator: _____

Date: _____

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

Fee Appeal Form

Benzie-Leelanau District Health Department

6051 Frankfort Highway; Suite 100
Benzonia, Mi 49616
Phone: 231-882-4409

FOIA Appeal Form—To Appeal an Excess Fee
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 of This Notice: _____ 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

Record(s) You Requested: *(Listed here or see attached copy of original request)*

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Unusual circumstances warranting extension: _____

If you have any questions regarding this extension, contact: _____

Health Department Determination: ____ Fee Waived; ____ Fee Reduced; ____ Fee Upheld

Written basis for Health Department determination: _____

Notice of Requestor's Right to Seek Judicial Review

You are entitled under Section 10a of the Michigan Freedom of Information Act, MCL 15.240a, to appeal a FOIA fee that you believe exceeds the amount permitted under the Health Department's written Procedures and Guidelines to the Board of Health or to commence an action in the Circuit Court for a fee reduction within 45 days after receiving the notice of the required fee or a determination of an appeal to the Board of Health. If a civil action is commenced in court, the Health Department is not obligated to complete processing the request until the court resolves the fee dispute. If the court determines that the Health Department required a fee that exceeded the permitted amount, the court shall reduce the fee to a permissible amount. (See back of this form for additional information on your rights.)

Signature of FOIA Coordinator: _____

Date: _____