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

Climax Township, Kalamazoo County 110 N. Main Street, PO Box 369 Climax, MI 49034-0369

Phone: 269.746.4103 fax: 269.746.4114

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

Request No.: Date Received:					
(Please Print or Type)	Date <u>delivered</u> to junk/spam folder: Date <u>discovered</u> in junk/spam folder:				
Name	Phone				
Firm/Organization	Fax				
Street	Email				
City	State Zip				
Request for: ☐ Copy ☐ Certified copy ☐ Re	cord inspection				
Delivery Method: ☐ Will pick up ☐ Will make own co ☐ Deliver on digital media provided by the township:					
Note: The township is not required to provide records in a dig technological capability to do so.	gital format or on digital media if the township does not already have the				
Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:					
	Extension of Township's Response Time				
Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I under	he opportunity to inspect records, pursuant to the Michigan Freedom of erstand that the township must respond to this request within five (5) business business day extension. However, I hereby agree and stipulate to extend the (month, day, year).				
Requestor's Signature	Date				

Records Located on Website

If the township 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 township 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 township 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 township 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 township must provide the public records in the specified format (if the township 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 Township Website

records on the website and deliver them to me in the format I have requested above. I understand that some FOIA fees may appl	
Requestor's Signature	Date
Overtime Labor Costs	<u> </u>
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 1. □ Labor to copy/duplicate 2. □ Labor to locate 3a. □ Labor to redact 3b. □ Contract labor to 6b. □ Labor to copy/duplicate records already on township's website	•
Requestor's Signature	Date
Request for Discount: Indigence	1
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 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 (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.	e public body's nat calendar year, other remuneration
Office Use: ☐ Affidavit Received ☐ No. of Previous Discounted Requests During ☐ Calendar Year ☐ Eligible for Discount ☐ Ineligible 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	
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 m 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
	le 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:	Date:
Requestor's Signature:	