Marshall Township
Calhoun County, Michigan

(Township FOIA Coordinator Address:) _____

_____

Phone (   ) _____ Fax (   )_____

FOIA Request for Public Records
Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, *et seq.*

Request to: ☐ **Receive copy**   ☐ **Inspect record**   ☐ **Subscribe to record issued on regular basis**
Delivery Method *(upon payment of balance due):*   ☐ **Pick up records in person**   ☐ **Mail to address below**
(Please Print or Type)

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Describe the public record(s) as specifically as possible:

Requestor's Signature	Date

Consent to Non-Statutory Extension of Township'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 township 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 to extend the township's response time for this request until _____.

Requestor's Signature	Date

(January 2007)

_____ Township
Freedom of Information Act Request Cost Worksheet

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234, t he following costs will be charged for responses to FOIA requests, according to the FOIA Fee Schedule adopted and periodically revised by the township board.		

Copying (per copy cost):

Copying costs may be charged if a copy of a public record is requested, or if a copy is required to allow for blacking out exempt information, to protect old or delicate original records, or because the original record is a digital file or database not available for public inspection.

	Number of pages:	Total Cost
Letter (single-sided): 10 cents per page	x _____ =	$ _____
Letter (double-sided): 20 cents per page	x _____ =	$ _____
Legal (single-sided): 12 cents per page	x _____ =	$ _____
Legal (double-sided): 24 cents per page	x _____ =	$ _____
Other: _____ Cost per page: _____	x _____ =	$ _____

Labor Cost for Copying (hourly wage):

	Number of minutes:	Total Cost
Hourly Wage Charged: actual	x _____ =	$ _____

Mailing:

	Number of envelopes:	Total Cost
No. 10 Business Envelope: 55 cents	x _____ =	$ _____
9 x 12 Envelope: __ cents	x _____ =	$ _____
10 x 13 Envelope: __ cents	x _____ =	$ _____
Other: __ cents	x _____ =	$ _____
	Actual Postage:	
Postage (select method): $ actual per stamp	x _____ =	$ _____
$ actual per pound	x _____ =	$ _____
$ actual per package	x _____ =	$ _____

Labor Cost for Separating Exempt from Non-Exempt Information (hourly wage):

Due to the nature of the request, a labor charge may be charged for the search, examination, review, and (_if appropriate_) the deletion and separation of exempt from non-exempt information as provided in Section 4 of the Freedom of Information Act, MCL 15.234. This fee is being charged because failure to do so would result in unreasonably high costs to the township, specifically:

_____

_____

_____

_____

	Number of minutes:	Total Cost
Hourly Wage Charged: actual	x _____ =	$ _____
	Subtotal	$ _____
Proof or Affidavit of Indigency Submitted	Subtract $20.00	$ _____
	Estimated Cost	$ _____
Note: Estimated Cost Exceeds $50.00. Good Faith Deposit of 50% Required <u>Before</u> Request Will Be Processed	50% Deposit Date Paid: _____	$ _____
Note: Request Will Be Processed, But Balance Must Be Paid <u>Before</u> Copies May Be Picked Up, Delivered, or Mailed	**Balance Due** Date Paid: _____	$ _____

(January 2007)