Chesterfield Township Department of Public Safety

33991 23 Mile Road, Chesterfield Township, MI 48047
Phone: (586) 725-2233
Submit your request in person or send to **FOIA@CHESTERFIELDFIRE.ORG**

Fire Department FOIA Request

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

Request for: ☐ Copy ☐ Certified copy ☐ Record inspection

Name of Requestor		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

Preferred Delivery Method: ☐ Will pick up ☐ Mail to address above ☐ Email to address above ☐ USB via Mail

Note: *There may be fees associated with your request depending on the amount of work and time your request requires. Please **initial** to indicate that you have read and acknowledged this notification of possible fees.* _____

Describe the public record(s) you are requesting as specifically as possible:
(Examples: Case number, person(s) involved, date of incident(s), type of incident(s), timeframe, address, etc.)

Describe the reason for the request or your relation to the request:

Requestor's Signature	**Date**

OFFICE USE ONLY

Request No.: _____ **Date Received:** _____ **Check if received via:** ☐ **Email** ☐ **Fax** ☐ **Mail** ☐ **Lobby**

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 of 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 website address were 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 received 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 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 on Records on Township Website

I hereby stipulate that, even if some or all of the records are located on the Township website, I am requesting that the Township make copies of those records on the website and deliver them to me in the format I have requested above. I understand that FOIA fees may apply.

Requestor's Signature Date

Overtime Labor Costs

Overtime wages still 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 Township using overtime wages in calculating the following labor costs as itemized in the following categories:

☐ Labor to copy/duplicate ☐ Labor to locate ☐ Labor to redact ☐ Contract labor to redact

☐ Labor 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 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 of other remuneration.

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 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, it 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 PA258, MCL 330.1931.

(iii) is accompanied by documentation of its designation by the state, if requested by the Township.

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 previsions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931:

Requestor's Signature: Date:

Office Use Only

Request No.: _____ Date Received: _____ Date Executed: _____

Received by: ☐ Walk-in ☐ Mail ☐ Email : Date in Inbox _____ **OR** Date in junk/spam _____

☐ Other _____

Indigence Discount: ☐ Affidavit Received ☐ Eligible for Discount ☐ Ineligible for Discount

Nonprofit Discount: ☐ Documentation of State Designation Received ☐ Eligible for Discount ☐ Ineligible for Discount