



Shelby Township Police Department
 52530 Van Dyke Ave.
 Shelby Township, MI 48316
 (586) 731-2121

ID# _____

Freedom of Information Act – Request for Public Records

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

Date Submitted: _____

Check if received via: email fax mail in-person spam/junk folder

Date Received: _____

(Please print or type)

All Fields are required

Name:	Phone:
Firm/Organization:	Fax:
Street:	Email:
City:	State/Zip Code:

Request for: Electronic copy Paper 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

Delivered on digital media provided by the Township. (note that the Township is not required to provide records in a digital format or on digital media if the Township does not already have the technological capability to do so)

Describe the public record(s) as specifically as possible. You may attach additional pages if necessary.

Incident Date(s):	Incident Number:
Involved Address(es):	
Involved Person(s):	
Description or other pertinent information:	

Consent to non-statutory Extension of The Township’s Response Time:

I have requested public 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 the response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the Township’s response for this request until _____ (month, day, year).

I agree to reimburse the Township for allowable costs incurred in the processing of this request. Based upon the Township’s FOIA policy, I agree to submit 50% of the estimated total costs if the estimated fee exceeds \$50.00. I confirm the balance of the fees incurred will be paid before the public record(s) are released to me. Failure to pay a FOIA deposit within 45 days indicates that the requestor has abandoned the request.

Requestor’s Signature

OFFICE USE ONLY

Due Date	Extension Date
Invoice Sent:	Documents Sent:
	Finalized:

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 Township use 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 the Township’s website

Requestor’s Signature	Date
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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 public assistance, OR
2. If not receiving public assistance, stating facts showing the 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:

1. The individual has previously received discounted copies of public records from the same public body twice during that calendar year.
2. 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.

I am requesting an affidavit for the discount for indigency be sent to me. The completed affidavit and proofs shall be submitted to FOIA@shelbytwp.org.

Requestor’s Signature	Date
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Office Use: <input type="checkbox"/> affidavit received	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
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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 requests meet all of the following requirements:

1. Is made directly on behalf of the organization or its clients
2. 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
3. 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 provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931 and I will forward documentation of this designation to FOIA@shelbytwp.org in support of the requirements listed above.

Requestor’s Signature	Date
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Office Use: <input type="checkbox"/> documentation of state designation received	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
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