

Clinton Township
 Lenawee County, Michigan
 172 W. Michigan Ave.
 Clinton, Michigan 49236

Phone (517) 456-4837 Fax (517) 456-4608

FOIA Request for Public Records

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

Request for: Copy Certified copy Record inspection Subscription 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)

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

Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip

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, <i>et seq.</i> 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: ____ (<i>month, day, year</i>) ____.	
Requestor's Signature	Date

(July 2014)

Clinton Township Freedom of Information Act Request Cost Worksheet

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234, the 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. <div style="text-align: right; margin-right: 20px;"> Letter (single-sided): _____ cents per page Letter (double-sided): _____ cents per page Legal (single-sided): _____ cents per page Legal (double-sided): _____ cents per page Other: _____ Cost per page: _____ Other Media (tape/disk/drive): _____ Cost: _____ </div>	Number of pages: x _____ = x _____ = x _____ = x _____ = x _____ = x _____ = x _____ =	Total Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Labor Cost for Copying (hourly wage): <div style="text-align: right; margin-right: 20px;"> Hourly Wage Charged: _____ </div>	Number of minutes: x _____ =	Total Cost \$ _____
Mailing: <div style="text-align: right; margin-right: 20px;"> No. 10 Business Envelope: _____ cents 9 x 12 Envelope: _____ cents 10 x 13 Envelope: _____ cents Other: _____ cents Postage (select method): \$ _____ per stamp \$ _____ per pound \$ _____ per package </div>	Number of envelopes: x _____ = x _____ = x _____ = x _____ = Actual Postage: x _____ = x _____ = x _____ =	Total Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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: _____ _____ _____ <div style="text-align: right; margin-right: 20px;"> Hourly Wage Charged: _____ </div>	Number of minutes: x _____ =	Total Cost \$ _____
Subtotal		\$ _____
Proof or Affidavit of Indigency Submitted		Subtract \$20.00 \$ _____
Estimated Cost		\$ _____
Note: Estimated Cost Exceeds \$50.00. Good Faith Deposit of 50% Required Before Request Will Be Processed		50% Deposit Date Paid: _____ \$ _____
Note: Request Will Be Processed, But Balance Must Be Paid Before Copies May Be Picked Up, Delivered, or Mailed		Balance Due Date Paid: _____ \$ _____