

Keep original and provide copy to requestor at no charge

Eckford Township

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

Township Hall and Mailing Address
21000 F Drive S
Marshall, MI. 49068

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

Request No.: _____ **Date Received:** _____ Check if received via: Email Fax Other Electronic Method
Date delivered to junk/spam folder: _____
Date discovered in junk/spam folder: _____

Please Print or Type)

Name			Phone
Firm/Organization			Fax
Street	State	Zip	Email

Request for: Copy Certified copy Record inspection Subscription to record issued on regular basis

Delivery Method: Will pick up Mail to address above Email to address above

Deliver on digital media provided by the Township: _____

Note: The Township is not required to provide records in a digital format or on digital media if it does not already have the technological capability to do so.

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:

I agree to pay all appropriate fees charged pursuant to FOIA. I acknowledge I am not serving a sentence of imprisonment in a county, state or federal correctional institution.

Requestor's Signature	Date
------------------------------	-------------

Records Located on Website

Any public records available to the general public on the Township's website are exempt from any labor charges for searching.

Request for Copies/Duplication of Records on Website

I hereby agree 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 will apply.

Requestor's Signature	Date
-----------------------	------

Overtime Labor Costs

Overtime wages shall not be included in the calculation of labor costs unless overtime is specifically required by the requestor and clearly noted on the detailed cost itemization form.

Consent to Overtime Labor Costs

I hereby agree 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
-----------------------	------

ECKFORD TOWNSHIP

*Generally the hourly charge (including benefits) per Section 4(3) of the FOIA, is the lowest paid fulltime Township employee capable of retrieving/copying necessary information/records. However, when a capable professional/technical employee is required to process requests requiring certain information retrievals, examinations, and redaction, the hourly rate of the lowest paid capable professional/technical employee is charged.

ECKFORD TOWNSHIP

FOIA COST ESTIMATE WORKSHEET

Requester: _____				FOIA Request Dated: _____			
Actual Cost: Yes No				Estimate of Cost: Yes No			
LINE	CLASSIFICATION OF LOWEST PAID EMPLOYEE CAPABLE OF RETRIEVING/ COPYING THE INFORMATION (POSITION/TITLE)	HOURLY PAY INCLUDING BENEFITS AMOUNT	TIME TO COMPLY IN 1/4 HOUR INCREMENTS	TOTAL COST AMOUNT	# OF PAGES OF DOCUMENTS	# OF PAGES TIMES \$0.10/PAGE AMOUNT	TOTAL AMOUNT
<u>Copying Charges</u>							
1	Copies					\$0.10 per page	
<u>Retrieval of Public Records</u>							
2	Administrative Assistant						
	Township Supervisor						
<u>Copying of Public Records</u>							
3	Administrative Assistant						
	Township Supervisor						
<u>Separation of Exempt from Nonexempt Information</u>							
4	Administrative Assistant						
	Township Supervisor						
	Outside legal counsel						
<u>Other Charges</u>							
5	OTHER CHARGES (pick-up/delivery charges; mileage (at current IRS) rate, packaging, etc.)						
6	MAILING COSTS						
7	TOTAL COST ESTIMATE						
8	DEPOSIT REQUIRED (if estimated cost exceeds \$50.00) (not to exceed 50% of estimated fee in Line 7 above)						

GENERAL COSTS GUIDELINES

Duplication Per Page (each side copied)	\$0.10
Labor: Hourly Rate/Benefits of lowest paid employee capable of performing compliance tasks (includes fringe benefits at one-half of employee's hourly wage) (Billed in 1/4 hour increments; Time increments are rounded downward to the next 1/4 hour increment)*	
Labor: Outside counsel time (equal to six times the current state minimum hourly wage rate) for separation of exempt from nonexempt information (January 1, 2016: \$8.50/hour x 6; January 1, 2017: \$8.90/hour x 6; January 1, 2018: \$9.25/hour x 6) (subject to change based on change in state minimum hour wage) Billed in 1/4 hour increments. Time increments are rounded downward to the next 1/4 hour increment)	
Mailing Costs	Actual
Specialty copies (Photo discs, photo reproductions; audio or video tapes or discs)	Actual
Other (Insurance; overnight or express delivery charges)	Actual