

City of White Cloud/ White Cloud Police Department 12 N. Charles, PO Box 607

White Cloud, MI 49349 Phone: City # 231.689.1194 / Police #: 231.689.1696

www.cityofwhitecloud.org

MICHIGAN

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231

Date Received:		Received via:	E-mail Fax	k In-Person
Name:		Phone:		
Firm/Organization:		E-mail:		
Street:		Fax:		
City:	State:		Zip:	
1. Please state the name of the pu		e requesting a	nd include th	ne following:
Names Referred to in Reco	rd:			
Date of Record:				
Location of Event:			270.42	
Other information helpful to identify	y the record:			
				news
			. v	
2. Method of Access Desired:	Pickup Mail	Examine	E-mail	
Signature of Requestor:			Date	
Authorized Signature of City Repre	esentative		Date	e:

Records Located on We If the City directly or indirectly administers or maintains an official internet public on that internet site at the time the request is made are exempt from a	presence, any public records available to the general
If the FOIA coordinator knows or has reason to know that all or a portion of City must notify the requestor in its written response that all or a portion of written response, to the degree practicable in the specific instance, must inclinformation is available. On the detailed cost itemization form, the City must on its website from those that are not available on the website and must inforce opies of the public records that are available on its website. If the City has included the website address for a record in its written responsitively that the public record be provided to him or her in a paper format provide the public records in the specified format (if the City has the technological records of providing the information of Page 1992).	the requested information is available on its website. The ude a specific webpage address where the requested st separate the requested public records that are available orm the requestor of the additional charge to receive use to the requestor and the requestor thereafter to or other form, including digital media, the City must logical capability) but may use a fringe benefit multiplier ation in the specified format.
Request for Copies/Duplication of Records are located on a City those records on the website and deliver them to me in the format I have records apply.	y website, I am requesting that the City make copies of
Requestor's Signature	Date:
Overtime Labor Cost Overtime wages shall not be included in the calculation of labor costs unless clearly noted on the detailed cost itemization form.	
Consent to Overtime Lab I hereby agree and stipulate to the City using overtime wages in calculating categories:	
Labor to copy/duplicate Labor to locate 3a. Labor to redact Labor to copy/duplicate records already on City's website	3b. Contract labor to redact
Requestor's Signature	Date:
Request for Discount: Inc A public record search must be made and a copy of a public record must be each request by an individual who is entitled to information under this act a 1) Submits an affidavit stating that the individual is indigent and re 2) If not receiving public assistance, stating facts showing inability If a requestor is ineligible for the discount, the public body shall inform the public body's written response. An individual is ineligible for this fee reduc (i) The individual has previously received discounted copies of pu calendar year, (ii) The individual request the information in conjunction with out other remuneration to the individual to make the request. A public body m that the request is not being made in conjunction with outside parties in exc OFFICE USE: Affidavit Received Eligible for	e furnished without charge for the first \$20.00 of the fee for and who: receiving specific public assistance, OR to pay the cost because of indigence. requestor specifically of the reason for ineligibility in the ction if ANY of the following apply: blic records from the same public body twice during that aside parties who are offering or providing payment or may require a statement by the requestor in the affidavit change for payment or other remuneration.
Requestor's Signature	Date:
Request for Discount: Nonprofit A public record search must be made and a copy of a public record must be each request by a nonprofit organization formally designated by the state to Disabilities Assistance and Bill of Rights Act of 2000 and the Protection and 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 properties accompanied by documentation of its designation by the state of the Designation of the State Designation of State Designation and Proceedings of State Designation of St	e furnished without charge for the first \$20.00 of the fee for carry out activities under subtitle Cof the Developmental Advocacy for Individuals with Mental Illness Act, if the covisions of those laws under section 931 of the Mental ate, if requested by the City.

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

Requestor's Signature

Date:

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FOIA Request Form: Requestor Name	Date:	