

City of Lincoln Park * Freedom of Information Act * Request Form

<i>Use of this form is optional</i>	Received By Office:	Date Received:
Notice: Fees must be paid before records are released.		
	Received by Method:	FOIA Log#:
	Mail Fax Email Person	

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

<input checked="" type="checkbox"/>	Request For:	<input checked="" type="checkbox"/>	Delivery Method:
	Copies		Will pick up
	Certified copies		Mail to above address
	Record Inspection		Email to above address
	Subscription for record issued regularly		Mail on digital media if possible

Describe the public record(s) as specifically as possible:	
Who	
What	
Where /Location	
When / Timeframe	
Other:	

Consent to Non-Statutory Extension of City'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, *et seq.* I understand that the City 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 and stipulate to extend the City's response time for this request until: _____ (month, day, year).

Requestor's Signature	Date
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Office Use: SOS:	Date to FOIA Coordinator:
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All or part of the requested materials may be available for free online from the City website:
www.citylp.com

Fees apply to copies of City website materials made for requestors.

All or part of the requested materials may be available online from the following websites:

www.michigan.gov/micr - crime statistics (Free)

www.michigan.gov/crash - tcps - accident reports (\$10)

www.michigan.gov/ichat - criminal history information (\$10)

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.

Affidavit of Indigency

I, _____ do solemnly swear that I am indigent and receiving public assistance, or if not receiving public assistance, I am indigent because: _____

Further, I state the requested records are for my personal use only and this request is not being made in conjunction with outside parties in exchange for payment or other remuneration.

I am submitting this affidavit and requesting that I receive the discount for indigence for this FOIA request:

Date:

Affiant/Requestor's Signature:

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 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 PA 258, MCL 330.1931.
- (iii) Is accompanied by documentation of its designation by the state.

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:

Date:

Requestor's Signature:

Office Use: An individual is eligible for the fee discount from the City, due to indigency, twice during any calendar year. Validate ID of any discount requestor.