BCHC: Keep original and provide copy of both sides, along with Public Summary, to requestor at no charge.

## BAY CITY HOUSING COMMISSION (BCHC) 315 14<sup>TH</sup> STREET Bay City, MI 48708

Request Form Note: Requestors are not required to use this form. The BCHC may complete one for recordkeeping if not used.

Phone: (989) 892-9581 foiacoordinator@baycityhousing.com

## **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 rece	ived via: □ Email □ Fax	☐ Other Electronic Method
Date <u>delivered</u> to junk/spam f	older:	Date <u>discovered</u>	in junk/spam folder:	
(Please Print or Type) Name			Phone	
Firm/Organization			Fax	
Street			Email	
City			State	Zip
Request for:	☐ Certified copy	☐ Record inspection	☐ Subscription to reco	rd issued on regular basis
Delivery Method: ☐ Will ☐ Deliver on digital media pr				☐ Email to address above
Note: The BCHC is not required have the technological capab	•	a digital format or on di	gital media if the BCHC does	s not already
Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:				
I have requested a copy of recor Information Act, Public Act 442 c days after receiving it, and that r BCHC's	ds or a subscription to reco of 1976, MCL 15.231, <i>et se</i> esponse may include takin	q. I understand that the BC g a 10-business day exten:	spect records, pursuant to the I CHC must respond to this reque	st within five (5) business
response time for this request ur Requestor's Signature	ntil: ( <i>n</i>	nonth, day, year).		Date

## Records Located on Website

If the BCHC directly or indirectly administers or maintains an official internet presence, any public records available to the general public on that internet site at the time the request is made are exempt from any labor charges to redact (separate exempt information from non-exempt information).

If the FOIA coordinator knows or has reason to know that all or a portion of the requested information is available on its website, the BCHC must notify the requestor in its written response that all or a portion of the requested information is available on its website. The written response, to the degree practicable in the specific instance, must include a specific webpage address where the requested information is available. On the detailed cost itemization form, the BCHC must separate the requested public records that are available on its website from those that are not available on the

website and must inform the requestor of the additional charge to receive copies of the public records that are available on its web	isite.
If the BCHC has included the website address for a record in its written response to the requestor and the requestor thereafter stip public record be provided to him or her in a paper format or other form, including digital media, the BCHC must provide the public specified format (if the BCHC has the technological capability) but may use a fringe benefit multiplier greater than the 50%, not to costs of providing the information in the specified format.  Request for Copies/Duplication of Records on BCHC  Website (www.baycityhousing.com)	records in the
I hereby stipulate that, even if some or all of the records are located on a BCHC website, I am requesting that the BCHC make cope	nies of those
records on the website and deliver them to me in the format I have requested above. I understand that some FOIA fees may apply	
Requestor's Signature	Date
Overtime Labor Costs	
Overtime wages shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor at the detailed cost itemization form.  Consent to Overtime Labor Costs  I hereby agree and stipulate to the BCHC using overtime wages in calculating the following labor costs as itemized in the following labor to copy/duplicate  2.   Labor to locate  3a.   Labor to redact  3b.   Contract labor to	g categories:
<b>6b</b> . ☐ Labor to copy/duplicate records already on BCHC's website	
Requestor's Signature	Date
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 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.  If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the written response. An individual is ineligible for this fee reduction if ANY of the following apply:  (i) The individual has previously received discounted copies of public records from the same public body twice during the (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or othe individual to make the request. A public body may require a statement by the requestor in the affidavit that the requested in conjunction with outside parties in exchange for payment or other remuneration.	public body's at calendar year, other remuneration luest is not being
Office Use: Affidavit Received Eligible for Discount Ineligible for I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request:	Discount Date:
Tail submitting an amuavit and requesting that receive the discount for indigence for this POIA request.	Date.
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 request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental Di Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request me 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 Menta 1974 PA 258, MCL 330.1931.  (iii) Is accompanied by documentation of its designation by the state, if requested by the BCHC.	isabilities eets <b>ALL</b> of the
Office Use: Documentation of State Designation Received Eligible for Discount Ineligib	le for Discount
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	Date:

Office Use: Documentation of State Designation Received Eligible for Discount Ineligib	le for Discount
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:	