ALLEGAN COUNTY

FOIA Request for Public Records
(Michigan Freedom of Information Act)

Office use:
Request ID: __________ Date received: __________ Check if received via: □ E-mail □ Fax □ Other electronic method
Date delivered to junk/spam folder: __________ Date discovered in junk/spam folder: __________

To be completed by requestor:

Name: Phone:
Firm/Organization: Fax:
Street: E-mail:
City: State: Zip:

Request for: □ Copy □ Certified copy □ Record inspection □ Subscription to record issued on regular basis
Delivery method: □ Will pick up □ Will make own copies onsite □ Mail to address above □ E-mail to address above
□ Deliver on digital media provided by the County:

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

Describe the requested public records as specifically as possible. You may use this form or attach additional sheets:


Consent to Non-Statutory Extension of County’s Response Time

I have requested public records pursuant to the Michigan Freedom of Information Act. I understand that the County 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 County’s response time for this request until: _____________ (month/day/year).

Requestor’s Signature: Date: 

(Complete both sides)
Records Located on County Website

Any public records available to the general public on the County website at the time the request is made are exempt from any labor charges to separate exempt information from nonexempt information.

If the County knows or has reason to know that all or a portion of the requested information is available on its website, the County 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 County 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 website.

If the County has included the website address for a record in its written response to the requestor and the requestor thereafter stipulates that the public record be provided to him or her in a paper format or other format, including digital media, the County must provide the public records in the specified format (if the County has the technological capability) but may use a fringe benefit multiplier greater than 50%, not to exceed the actual costs of providing the information in the specified format.

Request for Copies of Records on County Website

I hereby stipulate that, even if some or all of the records are located on the County website, I am requesting that the County make copies of those records on the website and deliver them to me in the format I have requested in this form. 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 and clearly noted on the detailed cost itemization form.

Consent to Overtime Labor Costs

I hereby agree and stipulate to the County using overtime wages in calculating the following labor costs as itemized in the following categories:

1. [ ] Labor to copy
2. [ ] Labor to locate
3. [ ] Labor to redact
6b. [ ] Labor to copy records already on County 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 of the fee for each request by an individual who is entitled to information under the FOIA and who submits an affidavit stating that the individual is indigent and receiving specific public assistance, or, 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 County shall inform the requestor specifically of the reason for ineligibility in its written response. An individual is ineligible for this fee reduction if the individual has previously received discounted copies of public records from the County twice during that calendar year, or the individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. The County may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration.

Office Use: [ ] Affidavit received [ ] Eligible for discount [ ] Ineligible for discount

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

Requestor's Signature: __________________________ Date: __________________________

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 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 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request is 1) made directly on behalf of the organization or its clients; 2) 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; and 3) is accompanied by documentation of its designation by the state, if requested by the County.

Office Use: [ ] Documentation of state designation received [ ] Eligible for discount [ ] Ineligible 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:

Requestor's Signature: __________________________ Date: __________________________