NLCMH: Keep original and provide copy, along with Public Summary, to requestor at no charge.

Northern Lakes Community Mental Health Authority

105 Hall Street, Traverse City, MI 49684 Phone: (231) 922-4850 Fax: (231) 935-3082 www.northernlakescmh.org Request Form Note: Requestors are not required to use this form. NLCMH may complete one for recordkeeping if not used

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request No.:	Date Received:			ectronic Method
(Please Print or Type)		Date <u>delivered</u> to junk/spam for Date <u>discovered</u> in junk/spam		
Name			Phone	
Trumo			110110	
Firm/Organization		F	ax	
Street		E	mail	
City		State Z	lip	
Delivery Method:	Copy Certified copy F Will pick up Will make own edia provided by Northern Lakes Co	copies onsite Mail to addres		address above
Note: NLCMH is not recapability to do so.	equired to provide records in a digit	al format or on digital media if NLC	MH does not already ha	eve the technologica
Describe the public re	ecord(s) as specifically as possib	e. You may use this form or attach	additional sheets:	
I have requested a copy Act, Public Act 442 of 1 it, and that response m	tory Extension of NLCMH's Response of records or a subscription to records 1976, MCL 15.231, et seq. I understand ay include taking a 10-business day ext (month, day, year).	or the opportunity to inspect records, puthat NLCMH must respond to this requ	est within five (5) business	days after receiving
Requestor's Signature	3			Date

Records	ocated	on V	Vehsite

If NLCMH 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 www.northernlakescmh.org, NLCMH 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, NLCMH 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 not available on its website.

If NLCMH 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 form, including digital media, NLCMH must provide the public records in the specified format (if NLCMH has the technological capability) but may use a fringe benefit multiplier greater than the 50%, not to exceed the actual costs of providing the information in the specified format.

Request for Copies/Duplication of Records on NLCMH Website

I hereby stipulate that, even if some or all of the records are located on NLCMH's website www.northernlakescmh.org, I am requesting that NLCMH

make copies 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 and clearly noted on the detailed cost itemization form.					
Consent to Overtime Labor Costs I hereby agree and stipulate to NLCMH using overtime wages in calculating the following labor costs as itemized in the following categories: 1. □ Labor to copy/duplicate 2. □ Labor to locate 3a. □ Labor to redact 3b. □ Contract labor to redact 6b. □ Labor to copy/duplicate records already on NLCMH'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 fee for each request by an individual who is entitled to information under the FOIA 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 public body's 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 NLCMH twice during that calendar year, (ii) 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. A public body 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:					
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, if requested by NLCMH.					
Office Use: Documentation of State Designation Received Eligible for Discount Ineligible	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:	