

# Potterville Police Department

*Chief Richard Barry*

319 N. Nelson St. • Potterville • MI • 48876 • Ph. (517) 645-7802 • Fax (517) 645-7810

## POLICE FOIA REQUEST FORM

REQUESTOR INFORMATION		
Last Name:	First Name:	Middle:
Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Description of records requested (forms, records, dates, etc.)		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Report Number Associate with Request: _____		
Type of Information Requested: <input type="checkbox"/> Police Report <input type="checkbox"/> Body Camera Footage		
<b>Consent to Non-Statutory Extension of City's Response Time</b>		
I am requesting a copy of records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 197, 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 Signature:		Date:

**Submit form via one of the following methods:**

**In Person/ Mail**

319 N. Nelson St. P.O. Box 488  
Potterville, MI 48876

**Email**

rbarry@pottervillemi.org

**Fax**

(517) 645-7810

## ADMINISTRATIVE SECTION

Date Request Received:	Date Request Extended:
Date Request Completed:	Date Request Picked Up:

## ASSOCIATED FEES

Labor Hourly Rate (Search, Locate, Examine, Separate, Redact, Delete, Print, Copy)*	\$42.99
DVD/ CD	\$3.00 / ea
Double-Sided Paper Copies	\$0.05 / ea
*Labor costs include hourly wage and an additional 50% to partially cover the cost of fringe benefits	

## INDIGENT DISCOUNT

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 meets the following requirements:

- Submits an affidavit stating 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 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:

- The individual has previously received discounted copies of public records from the same public body twice during that calendar year
- 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 ONLY

 Affidavit Received Eligible for Discount Ineligible for Discount

I am submitting an affidavit, which is attached to this request and am requesting the discount for indigence for this FOIA request

Date:

Signature:

## NONPROFIT DISCOUNT

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:

- Is made directly on behalf of the organization or its clients
- Is made for a reason wholly consistent with the mission and provision of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931
- Is accompanied by documentation of its designation by the state, if requested by the city

### OFFICE USE ONLY

 Documentation 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 falls under the provisions listed above.

Date:

Signature: