City of Wixom 49045 Pontiac Trail Wixom, MI 48393 (248) 624-0865 Fax (248) 624-0863

Email: FOIA@wixomgov.org www.wixomgov.org



FOIA Request for Public Records- Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231 et seq.

Request to: Receive hard copy record(s) Delivery Method: Pick up record Mail record	Inspect record(s) (address below)
Requestor Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip
Describe the record request in detail – include Incident	Number (if known) (type or print):
CICNIATURE OF REQUESTOR	DATE.
	DATE
I have requested a copy of records or a subscript pursuant to the Michigan Freedom of Informati I understand that the City must respond to this r	tension of City's Response Time ion to records or the opportunity to inspect records, on Act, Public Act 442 of 1976, MCL 15.231, et seq- equest within five (5) business days after receiving ousiness day extension. However, I hereby agree to quest until: (month, day, year)
SIGNATURE OF REQUESTOR	DATE

Records Located on Website If the City 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 City 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 City 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 City 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, the City must provide the public records in the specified format (if the City has the technological capability) but may

copies of the public relif the City has incluthereafter stipulates media, the City must use a fringe benefit specified format. Request for Copil hereby stipulate the	ecords that are available add the website addres that the public record be provide the public records multiplier greater than the es/Duplication of Reat, even if some or all o records on the website ar	on its website. s for a record in its written re e provided to him or her in a p s in the specified format (if the C ne 50%, not to exceed the actual ecords on City's Website of the records are located on a	equestor of the additional charge to receive sponse to the requestor and the requestor apper format or other form, including digital ity has the technological capability) but may all costs of providing the information in the City website, I am requesting that the City at I have requested above. I understand that
,	,		DATE_
Consent to Overt I hereby agree and s following categories:	I not be included in the content on the detailed continue Labor Costs time Labor Costs tipulate to the City using	st itemization form.	overtime is specifically stipulated by the e following labor costs as itemized in the lready on City's website por to redact
SIGNATURE OF			DATE
Request for Disco	ount: Indigence		
A public record searce \$20.00 of the fee for 1) Submits an affidar 2) If not receiving puineligible for the disc body's written respon (i) The individual hac calendar year, (ii) The payment or other respondents.	ch must be made and a of each request by an indivivit stating that the individualic assistance, stating foount, the public body shows an individual is ineligible previously received discone individual requests the emuneration to the indivaffidavit that the request	ridual who is entitled to informati- lual is indigent and receiving spec- acts showing inability to pay the ill inform the requestor specifical ole for this fee reduction if ANY counted copies of public records f information in conjunction with c vidual to make the request. A	cific public assistance, OR cost because of indigence. If a requestor is ly of the reason for ineligibility in the public
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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:

SIGNATURE OF REQUESTOR		DATE		
Office Use:	_Documentation of State Designation Received	_Eligible for Discount	_Ineligible for Discount	

City Use Only: Date Received:		Received	By:	
Received (circle one)	Email	Fax	Hand Delivered	