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

Grand Ledge Area Emergency Services Authority, Inc. 500 North Clinton Grand Ledge, Michigan 48837 Phone: 517-627-1157/Fax 517-627-0417

Request Form Note: Requestors are not required to use this form. The Authority may complete one forrecordkeeping if not used.

FOIA Request for Public Records

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

| Wildingari i reedom of mioringarons | |
|---|---|
| Request No.: Date Received: | Checkifreceived via: O Email O Fax O Other ElectronicMethod Date delivered to junk/spam folder: |
| (Please Print or Type) | Date discovered in junk/spam folder: Phome |
| Namme | |
| Firm/Organization | Fax |
| Street | Email |
| City | State Zip |
| Request for: O Copy D Certified copy D Rec | cord inspection D Subscription to record issued on regular basis |
| Delivery Method: D Will pick up O Will make own co | |
| Note: The Authority is not required to provide records in a dig technological capability to do so. | gital format or on digital media if the Authority does not already have the |
| Describe the public record(s) as specifically as possible. Y | ou may use this form or attach additional sheets: |
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| | |
| Consent to Non-Statuton | y Extension of Authority's Response Time |
| I have requested a copy of records or a subscription to records or | the opportunity to inspect records, pursuant to the Michigan Freedom of lerstand that the Authority must respond to this request within five (5) business business day extension. However, I hereby agree and stipulate to extend the (month, day, year). |
| Requestor's Signature | Date |

| Records | hoteon | On | Wehsite |
|---------|--------|----|---------|

If the Authority 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 Authority must notify the requester 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 Author ity 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 Authority 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 Authority must provide the public records in the specified format (if the Authority 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/Dupl lication of Records on Authority Website | ioo of these |
|--|--|
| beraby stiguists that even it some or all of the records are beated on a Authority website. I am requesting that the Authority make (| copies of those |
| records on the webs ite and deliver them to me in the format I have requested above. I understand that some FOIA fees may apply. | |
| Requester'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 | I clearly noted on |
| the detailed cost itemization form. | |
| Consent to Overtime Labor Costs | 15 0 T 4 C 15 0 T 25 0 T 4 C 15 0 T 15 0 |
| I hereby agree and stipulate to the Authority using overtime wages in calculating the following labor costs as itemized in the following | categories: |
| 1.0 Laborto copy/duplicate 2.0 Laborto locate 3a. D. Laborto redact 3b. D. Contract laborto red | edact |
| 6b. 0 Labor to copy/duplicate records already on Authority's website | |
| Requestor's Signature | Date |
| | |
| Request for Discount: Indigence | feeforeach |
| 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) Finat recognizing public assistance, stating tacts showing manifet to Day the cost because of industrice. | |
| If a requestor is ineligible for the discount, the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall inform the requester specifically of the reason for ineligibility in the public body shall be | oublic body's |
| written response. An individual is inclinible for this fee reduction #ANY of the following apply. | |
| (i) The individual has provious by received discounted copies of public records from the same public body twice duting the | t calendar year, |
| (5) The individual requests the information in conjunction with outside parties who are offering or providing payment of our | lei remuneration |
| to the individual to make the request. A public body may require a statement by the requestor in the anidavit that the requ | est is not being |
| made in conjunction with outside parties in exchange for payment or other remuneration. | |
| OfficeUse: 0 AffidavitReceived O Eligible for Discount O Ineligible for Di | scount |
| I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request: | Date: |
| | |
| Requester's Signature: | |
| Request for Discount: Nonprotit Organization | fee for each |
| 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 | abilities |
| request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental Dis Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individuals with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Advocacy for Individual S with Mental Illness Act, if the request median activities are subtitle C of the Developmental Dispersion and Dispersion activities are subtitle C of the Developmental Dispersion and Dispersion activities are subtitle C of the Developmental Dispersion activities are subtilized as a subtituities are subtilized as a subtiline Dispersion activities are subtilized as a subtiline Dispersion activities are subtilized as a | ets ALL of the |
| Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for individuals with increasing the request has | |
| following requirements: (i) Is made directly on behalf of the organization or its clients. | |
| (i) Is made directly on behalf of the diganization of the shorter. (ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental | I Health Code, |
| 1074 PA 258 MCI 330 1931 | |
| (iii) Is accompanied by documentation of its designation by the state, if requested by the Authority. | |
| Office Use: D Documentation of State Designation Received O Eliqiblefor Discount O Ineliqible | efor Discount |
| Leticulate that Lam a designated agent for the nonprofit organization making this FOIA request and that this request is made | Date: |
| directly on behalf of the organization or its clients and is made for a reason wolly consistent with the mission and provisions of | |
| those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931: | |
| HIDSE IGNS UNION SOUDITION OF THE INCIDENT SANS, | |

Requestor's Signature: