

KEWEENAW COUNTY

COUNTY COURTHOUSE
5095 4TH STREET
EAGLE RIVER, MI 49950

REQUEST FOR PUBLIC RECORDS

Authority: Michigan Freedom of Information Act, 1976 PA 442, as amended.

(Please Print or Type)

Name: _____ Telephone No: _____

Firm/Organization: _____ Fax No. _____

Street: _____

City: _____ State: _____ Zip: _____

Describe the public record as specifically as possible:

I wish to obtain _____ copy(ies) of the record.

Signature: _____ Date: _____

Consent to Extension of Time on Request for Public Records

I have requested a copy or access to records pursuant to the Michigan Freedom of Information Act, 1976 PA 422, as amended. I understand that the public body must respond to the request within five (5) business days after receiving it, except that the public body may take an extension for an additional ten (10) business days. However, I hereby agree and consent to extending the time for the public body to respond to my request until _____.

Signature: _____ Date: _____

Keweenaw County Freedom of Information Act Request Worksheet

Cost may only be charged if a copy of a public record is requested. No fee may be charged for an individual to simply review public records.

Date request was received: _____ Date of response: _____

Record(s) requested: _____

Duplication Costs:

County-owned copier: _____

Commercial copier: _____

Facility used: _____

Cost per copy **\$.25** X Number of Pages _____ = \$ _____

Cost per computer disk **\$.50** X Number of Disks _____ = \$ _____

Mailing Costs:

Cost per envelope _____ X Number of Envelopes _____ = \$ _____

Postage Cost (provide brief description) = \$ _____

Cost per fax **\$.25** X Number of faxed pages _____ = \$ _____

Labor Cost:

Due to the nature of this request, a labor fee is being charge for the search, examination, review and (if appropriate) the deletion and separation of exempt from nonexempt information as provided in Section 14 of the Freedom of Information Act. This fee is being charged because the failure to do so would result in unreasonably high costs to the County. Specifically: _____

Hourly labor rate **\$12.40** X Number of hours _____ = \$ _____

TOTAL CHARGES: = \$ _____ if picked up.
\$ _____ if mailed.