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FOWLER PUBLIC SCHOOLS



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Attachment A FOIA Request Form

[Date]

FOIA Coordinator
700 S Main Street

Fowler, MI 48835

Re: Freedom of Information Act Request

Dear FOIA Coordinator:

I am writing to request, pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., [to inspect / to copy / to obtain copies of] the following public records:

[Insert description of records sought]

Optional: Please provide a copy of the requested public records on [Insert description of desired non-paper physical medium, such as CD or flash drive].

Optional: Please waive or reduce the fee to search for or furnish copies of the requested public records on grounds that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public records can be considered as primarily benefiting the general public.

Optional: Please furnish the requested records without charge for the first \$20 of the fee because (A) I am receiving public assistance [Insert specific description] or am unable to pay the fee because of indigence; (B) I am not making this request in conjunction with outside parties in exchange for payment or other remuneration; and (C) I have not previously received discounted copies of public records from the [Public Body] twice during this same calendar year.

Optional: Please furnish the requested records without charge for the first \$20 of the fee because (A) this request is made directly on behalf of a nonprofit corporation formally designated by the State of Michigan to carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, and the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-

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Attachment B Certificate of Non-Existence of Public Record

[Date]

[Requester's Name]
[Requester's Address]

Re: Freedom of Information Act Request Dated _____, 20__

Dear Mr./Ms. _____:

[Insert District Name] is in receipt of your letter dated _____, 20__, regarding a request under the Michigan Freedom of Information Act ("FOIA"). Your letter was received on [Insert statutory receipt date]. You requested [Insert description of records sought].

I hereby certify, pursuant to Section 5(4)(b) of FOIA, that your FOIA request is denied because, to the best of my knowledge, information, and belief, no public records exist as of [Insert statutory receipt date], under the name(s) set forth in your request as detailed below, nor under another name reasonably known to the District. MCL 15.235(4)(b).

Right to Appeal Disclosure Denial and Recover Attorneys Fees and Costs

If a public body makes a final determination to deny all or a portion of a FOIA request, the requester may do one of the following at his or her option:

- (1) Submit to the "head of the public body" (the Governing Board) a written appeal that specifically states the word "appeal" and identifies the reason or reasons for reversal of the disclosure denial; or
- (2) Commence an action in the circuit court to compel the public body's disclosure of the public records.

If a person asserting the right to inspect, copy, or receive a copy of all or a portion of a public record prevails in an action commenced under section 10 of the FOIA, the court will award reasonable attorneys' fees, costs, and disbursements. If the person or public body prevails in part, the court may, in its discretion, award all or an appropriate portion of reasonable attorneys' fees, costs, and disbursements. The award will be assessed against the

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**Attachment C
 Form for Detailed Itemization of Fee Amounts**

[Fowler Public Schools]
 FOIA Fee Itemization Form

Requester's Name _____ Date on Request _____
 Hand-Delivered U.S. Mail Email Fax Other
 Date Received¹ _____

Estimated Fee _____ -or- Actual Fee _____
 Record available on website but copy nonetheless requested Yes No

Labor Costs²

Hourly Rate ³	Fringe Benefit % ⁴	Overtime Rate ⁵	No. of 15 minute increments ⁶	Total Charge
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Searching/Locating/ Examining Records

Employee Hourly wage ⁷ _____ x	1. _____ +/- =	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments =	\$ _____
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Separating and Deleting Exempt from Non-exempt Information/Records

<input type="checkbox"/> Employee Hourly Wage _____ x or <input type="checkbox"/> Contracted Labor Costs _____ x (Not to exceed 6x State minimum wage)	1. _____ +/- =	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
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Duplicating or Publishing Records⁸

Employee Hourly wage _____ x	1. _____ +/- =	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
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Subtotal Labor Cost = \$ _____

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Copying Cost for Paper Copies⁹

Letter (8½" x 11") paper at \$0.____ each ¹⁰	Legal (8½"x 14") paper at \$0.____ each	Size _____ paper at \$0.____ each	Size _____ paper at \$0.____ each	Total Charge
No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	\$_____

Postal Delivery Charges

Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Overnight/Special Request	Total Charge
\$_____	\$_____	\$_____	\$_____	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____	\$_____

Non-Paper Physical Media

USB Flash Drives	Computer Discs	Other Digital Media _____	Other/Special Requested?	Total Charge
\$____ x number used _____ = \$_____	\$____ x number used _____ = \$_____	\$____ x number used _____ = \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$_____	\$_____

Discounts

Qualified for Discount? Yes No. If yes, subtract \$20.
 Indigence (maximum of 2 discounts per calendar year)
 State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts)
 Qualified for Waiver or Reduction as primary and benefiting the general public? Yes No. If yes, insert amount of waiver or reduction. \$_____

(\$_____)

Total Fee = \$_____

If estimated fee is over \$50, the District shall charge a good faith deposit of 50% of the estimated fee. Failure to pay the deposit within 48 calendar days of the District's notice constitutes abandonment, and the District is no longer required to fulfill the request.	Amount of Deposit \$_____	Estimated Date Available _____	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
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⁹ The District shall utilize the most economical means available for making copies, including using double-sided printing.

¹⁰ The fee shall not exceed 10 cents per sheet of paper (one-sided or two-sided) for copies made on "8½ x 11" sheets of paper or "8½ x 14" sheets of paper.

¹¹ If a written request is sent by electronic mail and delivered to the public District's spam or junk-mail folder, the request is not received until 1 day after the public body first becomes aware of the written request. The public body shall note in its records both the time a written request is delivered to its spam or junk-mail folder and the time the public body first becomes aware of that request.

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