

CMH: Keep original and provide copy of both sides to requestor at no charge.

St. Clair County Community Mental Health
3111 Electric Avenue
Port Huron, MI 48060
Phone: (810) 985-9800
Public Summary available at: <https://scccmh.org/>

Request Form
Note: Requesters are not required to use this form. SCCCMH may complete one for record keeping if not used.

FOIA Request for Public Records

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

Request No.: _____ Date Received: _____ Check if received via: Email Fax
Date and time delivered to junk/spam folder: _____
Date and time discovered in junk/spam folder: _____

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

(Please Print or Type)

Request for: Copy Certified copy Record inspection Subscription to records issued on a regular basis

Delivery Method: Will pick up Mail to address above E-mail to address above Deliver on CD provided by the SCCCMH

Note: SCCCMH is not required to provide records in a digital format or on digital media if SCCCMH does not already have the technological capability to do so.

Describe the public record(s) as specifically as possible. You may use this form or attach additional sheets:

Consent to Non-Statutory Extension of SCCMH'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 Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that SCCCMHA must respond to this request within five (5) business days after receiving it, or six (6) business days after receiving it electronically, and that the response may include notice of a 10-business day extension to respond. However, I hereby agree and stipulate to extend SCCCMH's response time for this request until: _____ (month, day, year).

Requestor's Signature	Date
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(Complete both sides)

Records Located on Website

If SCCCMHA directly or indirectly administers or maintains an official Internet presence, any public records available to the general public on that site at the time the request is made are exempt from any labor charges to redact (i.e., 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, SCCCMHA 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, SCCCMHA must separate the requested public records that are available on its website from those that are not available on its website and must inform the requestor of the additional charge to receive copies of the public records that are available on its website.

If SCCCMHA 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/her/them in a paper format or other form, including digital media, SCCCMHA must provide the public record in the specified format (if SCCCMHA has the technological capability to do so) but may use SCCCMHA's fringe benefit multiplier of 40%, not to exceed the actual costs of the information in the specified format.

Request for Copies/Duplication of Records on SCCCMHA Website

I hereby stipulate that, even if some or all of the records are located on the SCCCMHA website, I am requesting that SCCCMHA make copies of those records on the website and deliver them to me in the format I have requested above. I understand that some FOIA fees may apply.

Requestor'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 clearly noted on the Detailed Cost Itemization Form.

Consent to Overtime Labor Costs

I hereby agree and stipulate to SCCCMHA using overtime wages in calculating the following labor costs as itemized in the following categories:

- 1. Labor to copy/duplicate 2. Labor to locate 3a. Labor to redact 3b. Contract labor to redact
- 6b. Labor to copy/duplicate records already on City's website

Requestor's Signature: _____ Date: _____

Request for Discount: Indigence

A public record search shall be made and a copy of a public record shall 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:

- 1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance; **OR**
- 2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigency.

If a requestor is ineligible for the discount, SCCCMHA shall inform the requestor specifically of the reason for ineligibility in SCCCMHA's written response. An individual is ineligible for this fee reduction if **ANY** of the following apply:

- i) The individual has previously received discounted copies of public records from SCCCMHA twice during the calendar year; **OR**
- ii) 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. SCCCMHA 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.

I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request:

Requestor's Signature: _____ Date: _____

Office Use: Affidavit Received Eligible for Discount Ineligible for Discount

Request for Discount: Nonprofit Organization

A public record search shall be made and a copy of a public record shall 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 federal 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 requirements:

- i) It is made directly on behalf of the organization or its clients; **AND**
- ii) It 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; **AND**
- iii) It is accompanied by documentation of the designation by the state.

I hereby certify 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:

Requestor's Signature: _____ Date: _____

Office Use: Documentation of State Designation Received Eligible for Discount Ineligible for Discount