

SAGINAW COUNTY 9-1-1 FREEDOM OF INFORMATION REQUEST FORM

Saginaw County 9-1-1
FOIA Coordinator
618 Cass Street
Saginaw, MI 48602

Office: (989) 797-4590
Email: 911@saginawcounty.com
Submittal Instructions:
Print, sign, and date request then send by mail or email

In accordance with the Freedom of Information Act (MCL 15.231 et seq, Public Act 553 of 1997), as amended, and the Saginaw County 9-1-1 Freedom of Information Request Policy, I am asking for the following information:

Date of incident: _____

Time of incident: _____

Location/phone number of incident: _____

Nature of incident (be specific): _____

I understand the Act allows a public body to charge a fee which will be calculated according to the worksheet on the reverse side of this request.

Please check the format(s) you are requesting:

_____ Dispatch Sheets _____ Audio _____ Audio & Dispatch Sheets

***Do not send payment with request
Payment will be calculated and due upon receipt of a granted FOIA Request***

(PRINT CLEARLY)

Full Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

Signature: _____ Date: _____

ATTACHMENT I

Freedom of Information Act Request Cost Worksheet

Pursuant to the Michigan Freedom of Information Act, the following costs will be charged for responses to FOIA requests.			
Cost Per Page of Document: Letter (single-sided): ____ cents per page Letter (double-sided): ____ cents per page Legal (single-sided): ____ cents per page Legal (double-sided): ____ cents per page Other: _____	Number of Pages: x _____ = x _____ = x _____ = x _____ = x _____ =	Total Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
Non-Paper Physical Media: Other Media (tape/disk/drive): _____ Cost: _____	Number: x _____ =	Total Cost \$ _____	
Labor Cost for Searching For, Locating, and Examining Records (15 minute increments rounded down) Hourly Rate Charged: _____	Minutes Spent: x _____ =	Total Cost \$ _____	
Labor Cost for Searching For Redacting Records (15 minute increments rounded down) Hourly Rate Charged: _____ Name of firm/individual if contracted labor used: _____	Minutes Spent: x _____ =	Total Cost \$ _____	
Labor Cost for Duplication/Publication of Records (15 minute increments rounded down) Hourly Rate Charged: _____	Minutes Spent: x _____ =	Total Cost \$ _____	
Mailing: Envelope: \$ _____ Postage \$ _____	Number of Envelopes: x _____ = Postage: x _____ =	Total Cost \$ _____ \$ _____	
	Subtotal	\$ _____	
Indigent or Designated Non-Profit Credit	Subtract up to \$20.00	\$ _____	
	Estimated Cost	\$ _____	
Note: Estimated Cost exceeds \$50.00 Good Faith Deposit of 50% required <u>before</u> request will be processed	Date Paid: _____	Deposit: \$ _____	
	Date Paid: _____	Balance: \$ _____	