Ross Township, Kalamazoo County 12086 M-89, Richland, Michigan 49083

Phone: (269) 731-4888 Email: clerk@rosstownshipmi.gov

Copies of the Township's FOIA procedures and guidelines, public summary, and forms are available on the Township website at:

www.rosstownshipmi.gov Copies of these documents also are available free-of-charge at the Township office, located at 12086 M-89, Richland, MI
49083.

FOIA Request for Public Records

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

Please print or type, be sure to complete both sides of this form, and sign and date all applicable shaded areas.

Name Phone		
Firm/Organization Fax		
Street Email		
City State Zip		
Number of requests made to the Township within the last year		
□ Deliver on digital media provided by the township:	address above	
Note: The Township is not required to provide records in a digital format or on digital media if the township does not already to be a large t	eady have the	
technological capability to do so. Describe the public record(s) requested as specifically as possible. You may use this form and/or attach additional sheets.		
Too mo passion and passion and passion rounting account and or all and in additional	<u> </u>	
Consent to Non-Statutory Extension of Township'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, as amended, MCL 15.231, et seq. I understand that the township must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the township's response time for this request until:		
days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to	ve (5) business	
days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to	ve (5) business	
days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to township's response time for this request until:(month, day, year).	ve (5) business extend the	
days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to township's response time for this request until:(month, day, year). Requestor's Signature	ve (5) business o extend the Date I public on that	
days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to township's response time for this request until:(month, day, year). Requestor's Signature Records Located on Website If the township directly or indirectly administers or maintains an official internet presence, any public records available to the general	Date I public on that empt information). The township must esponse, to the on the detailed cost available on the	
days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to township's response time for this request until:	Date Date I public on that empt information). The township must esponse, to the on the detailed cost available on the ite. I public on that empt information in the detailed cost available on the ite.	
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Overtime Labor Costs	l ala ault matad an
Overtime wages shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor and the detailed cost itemization form.	clearly noted on
Consent to Overtime Labor Costs	
I hereby agree and stipulate to the township 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 re	edact
6b. □ Labor to copy/duplicate records already on township's website	
Requestor's Signature	Date
Request for Discount: Indigence (If applicable)	
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 f by an individual who is entitled to information under this act and who:	ree for each request
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 indigence.	
If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body'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 the same public body twice during that	
(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. A public body 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.	Deter
I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request:	Date:
Requestor's Signature	
Request for Discount: Nonprofit Organization (If applicable)	
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 fee for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the	
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) Is made directly on behalf of the organization or its clients.(ii) 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.	
(iii) Is accompanied by documentation of its designation by the state, if requested by the township.	
I stipulate 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:
AM 11 A 1	
Office Use Only	
Receipt:	
Date Received: Check if received via: Email Fax Other Elec	atronia Mathad
Date Received	
Date <u>derivered</u> to junk/spam folder:	
Party who discovered in junk/spam folder:	
Request for Discount: Indigence	
□ Affidavit Received □ Eligible for Discount □ Ineligible for Discount	
□ Not Applicable. Reason	
.,	
Request for Discount: Nonprofit Organization	
□ Documentation of State Designation Received □ Eligible for Discount □ Ineligible for Discount	
□ Not Applicable. Reason	

Requests discounted for same party within previous 12-months ______ Response and records provided are attached _____