



REQUEST FOR PUBLIC RECORD

Clear Form

City of Battle Creek Clerk's Office

10 North Division Street, Room 111, Battle Creek, MI 49014

cityclerk@battlecreekmi.gov

*REQUIRED INFORMATION

* Name _____

* Address _____

* City/State/Zip _____

Email _____

* Phone _____

Office Use Only

FOIA # _____

Department _____

Request Received: Written:

 Electronically:

*Today's Date: _____

I request to have the public record(s) supplied to me in the following format: (Check ONE only) Electronic Inspection Paper Copies

Note: Video is not able to be sent electronically - requests that contain video will need to be picked up or will be mailed

Public records desired: Police Report Accident Report/UD10 Attachments Video Photos Other _____

(Check all that apply)

*Name and brief description identifying public record desired:

SEE ATTACHED

I understand a public body must respond to my request within five (5) business days after it is received (If a request for a public record is received by facsimile or e-mail, the request is deemed to have been received on the following business day). The public body must grant or deny all or a portion of my request, or issue a notice extending for ten (10) business days, the period in which the public body must respond to my request. In place of these deadlines, I agree to allow the public body a reasonable time to process my request.

I acknowledge that from the time that I, or the organization I represent, have been granted access to a "motor vehicle accident report" until thirty (30) days after the date the report is filed, both I and the organization I represent (if any) are prohibited from: (a) using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report (b) disclosing any personal information contained in the report to a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report. This statement is made pursuant to Public Act 218 of 2013 and I further acknowledge that a person that knowingly violates section 503 of Public Act 218 of 2013 is guilty of a crime punishable by a fine or imprisonment or both.

Signature _____

PAYMENT MUST BE RECEIVED PRIOR TO DELIVERY OF PUBLIC RECORDS.

FOIA Charges:	<u>Police</u>	<u>Clerk</u>	<u>Other Dept.</u>	<u>Other Dept.</u>	<u>Other Dept.</u>
Labor (Search and Examination, Redaction and Review)	_____	_____	_____	_____	_____
Non-Paper Physical Media _____ copies @ \$ _____	_____	_____	_____	_____	_____
Labor (Duplication)	_____	_____	_____	_____	_____
Mailing	_____	_____	_____	_____	_____
Sub Total	_____	_____	_____	_____	_____
(-) Waivers and Reductions or Deposit	_____	_____	_____	_____	_____
Total Due (per department)	_____	_____	_____	_____	_____
Total Amount Due \$ _____					

Visit www.battlecreekmi.gov to view the City of Battle Creek's FOIA procedures and guidelines.

**CITY OF BATTLE CREEK
FREEDOM OF INFORMATION ACT RESPONSE**

FOIA # _____

You have the right to appeal this response to the City Commission in writing that specifically states the word "APPEAL" and indicates the reason or reasons for reversal of the response, or seek judicial review in the Circuit Court within 180 days of a final determination of a request.. The burden of proof in Court is on the public body. If the Court determines that the public body has been arbitrary and capricious in not disclosing a public record, it may award, in addition to actual and compensatory damages, punitive damages not exceeding \$1,000.00.

BILL CALCULATION	AMOUNT
LABOR: Department: _____ Searching for, locating and/or reviewing the material, including separating exempt from non-exempt material (increments of 15 minutes or more): No. of Hours: _____ x Wage Rate (refer to breakdown below) \$ _____	\$ _____
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DUPLICATING: Department: _____ Labor: (increments of 5 minutes or more) No. of Hours _____ x Wage Rate (refer to breakdown below) \$ _____ Paper: No. of Pages: _____ x Copying Rate \$ _____ per page	\$ _____ \$ _____
OTHER COSTS: Describe (e.g. Overtime, cost of audio tapes etc.) Media/Other: _____ x \$ _____ = _____	\$ _____
MAILING: (Actual Cost)	\$ _____
Detailed Labor costs* for review and separation and duplication of exempt from non-exempt material: (*The public body may add up to 50% to the applicable labor charge amount to cover or partially cover the costs of fringe benefits) City Clerk's Office: \$23.61/hr x 42.60% (fringe benefits multiplier*) Police Records: \$19.63/hr x 47.93 % (fringe benefits multiplier *) Police Lab: \$34.75/hr x 50.00 % (fringe benefits multiplier *) Fire Department: \$25.37/hr x 40.79% (fringe benefits multiplier*) Planning Department: \$23.53/hr x 38.67% (fringe benefits multiplier*) Department of Public Works: \$25.24/hr x 41.91% (fringe benefits multiplier*) Inspection Department: \$21.81/hr x 44.75% (fringe benefits multiplier*) Other Department: _____ \$ _____/hr x _____% (fringe benefits multiplier) Other Department: _____ \$ _____/hr x _____% (fringe benefits multiplier)	TOTAL \$ _____
	DEPOSIT* \$ _____
	BALANCE TO BE PAID* \$ _____
	*Labor costs are calculated using the lowest paid Department employee capable of each task.