

SAMPLE FOIA REQUEST FORM

[date]

[FOIA COORDINATOR NAME]
[FOIA COORDINATOR ADDRESS]

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, FLASHDRIVE].

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 furnished the requested records without charge for the first \$20.00 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 furnished the requested records without charge for the first \$20.00 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 99-319, or their successors, or on behalf of its clients; (B) this request 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(C) this request is accompanied by documentation of designation by the state.

OPTIONAL: I am writing to request, pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.* to subscribe for up to six months to the following future issuances of public records created, issued, or disseminated by [PUBLIC BODY] *on a regular basis:* [INSERT SPECIFIC DESCRIPTION].

Please contact me if you have any questions.

Sincerely,
[REQUESTOR NAME]
[REQUESTOR ADDRESS]
[REQUESTOR EMAIL]
[REQUESTOR PHONE NUMBER]