Michigan Freedom of Information Act Request
Authority: 1976 PA 442, as amended

You can submit requests to inspect or receive copies of non-exempt public information under the Michigan Freedom of Information Act (FOIA) to Gerald R. Ford International Airport Authority, FOIA Coordinator, 5500 44th St. SE Grand Rapids, MI 49512.

We will respond within five 5 business days, or may seek an extension of 10 business days unless you agree to extend the time further in writing. You may be required to reimburse the costs associated with processing your records request which may include labor time, photocopying fees, postage and other charges will be assessed at actuals.

Gerald R. Ford International Airport Authority’s FOIA Policy is available by request to the FOIA coordinator at the address above.

Authority Department retaining records: _________________________________________________________

Please describe the public record as sufficiently as possible, specifying subject matter, date, and person. Vague and unclear request may result in denial of your request.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Delivery method □ Mail □ Fax □ E-mail □ Inspect on Site □ Pick up personally

☐ Consent to non-statutory extension of Authority’s Response Time.
I agree and stipulate to extend the Authority’s response time until ______________________ (month/day/year)

Name __________________________________________

Telephone No. (          ) ___________________ Fax No. (          )

________________________________________

Email ______________________________________

Firm/Organization __________________________________________

Address

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

X ____________________________ _______________________

Requestor’s Signature Date

(Please read the reverse of this page and if applicable, please sign the agreement).
**Records Located on Website**
Any public records available to the general public on that internet site at the time the request is made are exempt from any labor charges to redact (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, the Authority must notify the requestor in its written response that the records are at the specific webpage address.

If the Authority 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 or her in a paper format or other form, including digital media, the Authority must provide the public records in the specified format (if the Authority has the technological capability) but may use a fringe benefit multiplier greater than the 50%, not to exceed the actual costs of processing.

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**Request for Copies/Duplication of Records on Authority Website**
I hereby stipulate that, even if some or all of the records are located on a Authority website, I am requesting that the Authority 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: ______________

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**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 the Authority 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
4. Labor to copy/duplicate records already on Authority’s website

Requestor’s Signature: __________________________ Date: ______________

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**Request for Discount: Indigence**
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 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 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 calendar year,
(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.

Office Use: Affidavit Received | Eligible for Discount | Ineligible for Discount
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I am submitting an affidavit and requesting that I receive the discount for indigence for this FOIA request: __________________________ Date: ______________

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**Request for Discount: Nonprofit Organization**
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 Authority.

Office Use: Documentation of State Designation Received | Eligible for Discount | Ineligible for Discount
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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: __________________________ Date: ______________

Requestor’s Signature: __________________________