

Escanaba Department of Public Safety

Michigan Freedom of Information Act REQUEST FOR PUBLIC RECORDS

Requester: Read attached instructions before completing applicable areas of the form.

<p>Name of Requester: _____</p> <p>Company/Firm/Agency (If Any): _____</p> <p>Street Address: _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone: Area Code: (_____) Number: _____</p> <p>Cell Phone: Area Code: (_____) Number: _____</p> <p>Name(s) Referred to in Record: _____ Date of Birth: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Complaint Report: Give Report Number (If Known): _____</p> <p><input type="checkbox"/> Other Record (Describe): _____</p> <p>_____</p> <p>Date of Event (Be Specific): _____</p> <p>_____</p> <p>Location of Event (Be Specific): _____</p> <p>_____</p> <p>Specific Event to Which Record Refers: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Method of Access Desired:</p> <p><input type="checkbox"/> Copies to be picked up at Escanaba Public Safety:</p> <p><input type="checkbox"/> Copies to be inspected</p> <p><input type="checkbox"/> Fax _____</p> <p><input type="checkbox"/> Email _____</p> <p>_____</p> <p>Signature of Requester: _____ Date: _____</p> <p>Public Safety Use Only:</p> <p><input type="checkbox"/> Mail (letter Attached) <input type="checkbox"/> In Person</p> <p><input type="checkbox"/> Telephone <input type="checkbox"/> Facsimile</p> <p><input type="checkbox"/> E-mail</p> <p>Department Member Receiving Request: _____ Date: _____</p> <p>Recommendation on Release of Records:</p> <p><input type="checkbox"/> Release</p> <p><input type="checkbox"/> Deny (Reason) : (See Notice of Right below)</p> <p><input type="checkbox"/> Partial Deny (Reason): (See Notice of Right below)</p> <p><i>MCL.243(b)</i></p> <p><input type="checkbox"/> (I) Interfere w/law enforcement proceedings.</p> <p><input type="checkbox"/> (II) Deprive a person's right to fair trial.</p> <p><input type="checkbox"/> (III) Unwarranted invasion of privacy.</p> <p><input type="checkbox"/> (IV) Disclose confidential source.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Director of Public Safety or designee: _____ Date: _____</p> <p>RECORDS USE ONLY</p> <p>Date Notification to Requester: _____</p>
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NOTICE OF RIGHT TO SEEK JUDICIAL REVIEW

Under Section 10 of the Michigan Freedom of Information Act you may:

1. Submit to the head of the public body a written appeal that specifically states the word "APPEAL" and identifies the reason or reasons for reversal of the denial. Or;
2. Commence action in a Michigan Circuit Court to compel disclosure of public records. If the court determines that the records are not exempt from disclosure, the court will order the public body to cease withholding or to produce a public record, or portion thereof, wrongfully withheld, regardless of the location of the record. The circuit court for the county in which the complainant resides or has his or her principal place of business, or the circuit court for the county in which the public record or an office of the public body is located has jurisdiction to issue the order. The court must determine the matter de novo and the burden is on the public body to sustain its denial. The court on its own motion may view the public record in controversy in private before reaching a decision. An action arising from the denial of an oral request may not be commenced unless the party requesting the record confirms the request in not less than five days before commencement of the action. If the person commencing the action prevails where there has been a total denial to furnish information contained in a request, the court must award reasonable attorneys' fees, costs, and disbursements. If the circuit court finds that there was an arbitrary or capricious violation of the Act by refusal or delay to disclose or provide copies of a public record, \$500 punitive damages in addition to actual or compensatory damages will be awarded to the person seeking the right to inspect or receive a copy of a public record.

◀PROCEDURE FOR FREEDOM OF INFORMATION REQUESTS▶

1. Because the records that you are requesting must be located and reviewed, with exempt materials separated from non-exempt material, this department has set a response time of five (5) business days from the date the request is received.
2. After the records have been located and reviewed, you will be notified of the fee for preparing them, if any. The fee for providing copies of certain records is set by statute. All other fees will be charged in accordance with the Freedom of Information Act. If you submit an affidavit stating facts that show an inability to pay because of indigence, a copy of a public record will be furnished without charge for the first \$20.00 of the fee for each request. If the fee exceeds \$50.00, this department may request a good faith deposit of not more than half of the fee.
3. For further information, please contact the Escanaba Department of Public Safety by calling (906) 786-5911. The mailing address is:

**Escanaba Department of Public Safety
1900 Third Ave. North
Escanaba, Mi. 49829**

4. Please retain this instruction sheet for your information.

Received: _____