

FOIA Policy

Community District Library

I. Purpose

It is the intent of the Community District Library to perform public business in an open and public manner as required by Michigan's Freedom of Information, Act 442 of 1976, and as amended. This Policy prescribes the Library's procedures for responding to written public records requests made pursuant to FOIA.

II. Scope

This policy applies to the Library whenever a written request for public records is made under Michigan's FOIA law. This Policy does not apply to any records that are exempt from disclosure such as, but not limited to:

- Specific personal information about an individual if the release would constitute a clearly unwarranted invasion of that individual's privacy.
- Records that may be exempted from disclosure by another statute. (Note: statutes which expressly prohibit public disclosure of records generally supersede the FOIA.)
- Information subject to attorney-client privilege.
- Pending public bids to enter into contracts.
- Records that would disclose the social security number of an individual.

A. Access

Public records shall be open to inspection and copying during the Library's regular business hours by the custodian of the requested public records. Reasonable access to and reasonable facilities for copying of these records shall be provided. The Library shall provide reasonable assistance in identifying and locating public records in accordance with this Policy.

B. Form of FOIA Requests

All FOIA requests shall be made in writing.

All FOIA requests shall adequately describe the records sought in sufficient detail to enable the Library to locate such records with a reasonable effort. The requesting party shall be as specific as possible when requesting records. To assist in locating the requested records, the Library may request that the requesting party provide additional information known to the requesting party, such as types of records, dates, parties to correspondence, and subject matter of the requested records.

A FOIA request will be answered within 5 business days after receiving it. If needed, the Library will notify the requester in writing and extend the time for an additional 10 business days.

If a request must be denied, the Library will respond to the request with an explanation of the reasons for the denial and the requester's right to submit a written appeal to the head of the public body (Board President) or to seek judicial review with the right to receive attorney fees and collect damages.

Fees: Fees may be charged as permitted by law.

\$.10 per sheet

Hourly rate for searching, responding and postage will be set according to PA 563 of 2014.

A public record search shall be made and a copy of a public record shall be furnished without charge for the first \$20.00 of the fee for each request by either of the following:

An individual who is entitled to information under this act and who submits an affidavit stating that the individual is indigent and receiving specific public assistance or, if not receiving public assistance, stating facts showing inability to pay the cost because of indigency or 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, Public Law 106-402, and the protection and advocacy for individuals with mental illness act, Public Law 99-319, or their successors, if the request meets all of the requirements at stipulated in PA 563 of 2014. An individual is ineligible for this fee reduction if certain criteria are met as stated in PA 563 of 2014.

C. Submit request to:

Library Director
Community District Library
210 E. Corunna Ave
Corunna, MI 48879
Phone: (989)743-3287
Fax: (989)743-5496

Individual Library staff members are not authorized to respond to Freedom of Information Act requests on behalf of the Community District Library.

FOIA REQUEST FORM

NAME		
FIRM/ORGANIZATION		
ADDRESS		
PHONE		
EMAIL		
DESCRIBE THE PUBLIC RECORDS AS SPECIFICALLY AS POSSIBLE. You may use this form or attach additional sheets: 		
DELIVERY METHOD: <input type="radio"/> PICK UP <input type="radio"/> MAIL TO ADDRESS ABOVE <input type="radio"/> EMAIL TO ADDRESS ABOVE		
BILL CALCULATION		AMOUNT
LABOR: Material search and review: Number of hours: _____ Wage rate: _____		COST
POSTAGE:		COST
DUPLICATING: Labor: Number of hours _____ Wage rate _____ Copies: Number of Pages _____ Copy rate \$.10 per page		COST
OTHER COSTS: Describe (overtime, cost of duplicating to media other than paper)		COST
Return a copy of this form with payment. Check or money order payable to: Community District Library		TOTAL
REQUESTERS SIGNATURE		
For Internal Use Only		
REQUESTED INFORMATION:		PAYMENT INFORMATION:
_____ Provided without charge		Check number _____
_____ Mailed upon receipt of payment		Money order _____
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up: