OAK PARK

14000 Oak Park Blvd., Oak Park, MI 48237 (248) 691-7544 www.oakparkmi.gov

Freedom Of Information Act Request For Public Records Appeal Form – To Appeal a Denial of Records

Michigan Freedom Of Information Act, Public Act 442 OF 1976, MCL 15.231, *et. seq.*

Copies of the City's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City's website at: www.oakparkmi.gov, and at Oak Park City Hall, 14000 Oak Park Blvd., Oak Park, MI, 48237. City Hall is open to the public Mondays through Thursdays and alternating Fridays from 8 a.m. to 5 p.m.

Mailing address: City of Oak Park, Attn: FOIA Coordinator, 14000 Oak Park Blvd. Oak Park, MI 48237
Phone: (248) 691-7544 Email: FOIACoordinator@oakparkmi.gov

Mailing address: Department of Public Safety, Attn: FOIA Coordinator, 13800 Oak Park Blvd., Oak Park, MI 48237. (For records maintained by the Department of Public Safety including accident reports, case/incident reports.)
Phone: (248) 691-7526 Email: PSFOIA@oakparkmi.gov

Request number: _____ Date received: _____ Submitted: In person: ____By U.S. Mail: _____By Fax/Email: _____

Date delivered to junk/spam folder: _____ Date discovered in junk/spam folder: _____

Requestor's name: _____
(Last) (First) (MI)

Firm/Organization: _____

Requestor's address: _____
(Street) (City, state) (Zip Code)

Requestor's phone number.: _____ Email: _____

Request for: ☐ Copy ☐ Certified copy ☐ Record inspection

☐ Non-paper physical media (computer discs; digital drives, etcetera. Only if the City possesses the necessary technological capability to provide the records in the requested format)

☐ Subscription to record issued on a regular basis

Delivery method: ☐ Will pick-up ☐ Mail to address above ☐ Email to address above

Description of public record(s) requested – List here or attach a copy of original request: _____

_____

_____

(Cont.)

Reason(s) for Appeal

The appeal must identify the reason or reasons the requestor is seeking a reversal of the denial. You may use this form or attach additional sheets:_____

_____

_____

Requestor's signature: _____ Date: _____

City's Response

The City Council is not considered to have received a written appeal until the first regularly scheduled City Council meeting following submission of the written appeal. The City Council meets the first and third Monday of each month unless those dates fall on a legal holiday. The city must provide a response within 10 business days after the first regularly scheduled City Council meeting following submission of the written appeal unless the city has issued a notice extending for not more than 10 business days the period during which the City Council shall respond to the written appeal.

☐ City Extension: The city is extending the date to respond to your Freedom of Information Act Appeal of an Excessive Fee for no more than 10 business days, until _____ (month, day, year). Only one extension may be taken per Freedom of Information Act Appeal.

The unusual circumstances warranting the extension are: _____

_____

_____

Should you have any questions regarding this extension, please contact: _____ at (248) 691-_____.

City Determination

☐ Denial reversed ☐ Denial upheld ☐ Denial reversed in part and upheld in part

The following previously denied record(s) will be released:

_____

_____

Notice of the Requestor's Right to Seek Judicial Review

Under Section 10a of the Michigan Freedom of Information Act, MCL 15.240a, you are entitled to appeal a Freedom of Information Act Request fee that you believe exceeds the amount permitted under the city's written Procedures and Guidelines to the City Council or to initiate an action in Oakland County Circuit Court for a fee reduction within 45 days after receiving the notice of the required fee or a determination of an appeal to the City Council. If a civil action is commenced in Court, the city is not obligated to complete processing the request until the court resolves the fee dispute. If the court determines the city required a fee that exceeded the permitted amount, the court shall reduce the fee to a permissible amount. (Please see the attached document for additional information on your rights.)

Name: _____ Date: _____

Signature of FOIA coordinator or representative: _____