# Breitung Township School District Freedom of Information Act (FOIA)

The District's public records, as defined under the FOIA, are available for public inspection and/or copying in accordance with the following administrative guidelines. Exemptions are specified in M.C.L. 15.243.

The Superintendent or his designee will coordinate and provide FOIA records in accordance with the BTS's administrative guidelines.

### Fee for Service:

The Freedom of Information Act permits a public body to charge a fee for the necessary copying of a public record for inspection or for providing a copy of a public record.

FOIA Fee Structure	
<b>Deposit:</b> A deposit may be required for up to half of an	\$25 and up
estimated fee for orders estimated to exceed \$50.	
	(if required)
Labor: Labor costs will be calculated based on the hourly	\$14.47 per each 15 minute
wage of the lowest paid employee capable of retrieving	increment
the information necessary to comply with the	
request. Labor will be estimated in time increments of 15	
minutes; partial increments will be rounded	
down. Overtime, should it become necessary, will not be	
charged unless specifically agreed upon by the requestor.	15: 1 43 4 47
Searching, Examining, Reviewing, and Separating	If issued, \$14.47 per each
<b>Records:</b> Labor costs may not be issued unless	15 minute increment
unreasonably high to the public body. If necessary, labor	
will be estimated in time increments of 15 minutes; partial	
increments will be rounded down.	Actual Costs
<b>Non-Paper Copies:</b> There will be an actual fee for the most reasonably economic cost for computer discs, tapes, or	Actual Costs
similar media.	
Paper Copies: There will be a charge of actual costs of	\$.10 per page
copying at \$.10 per page.	4.10 per page
Mailing: The actual cost of mailing public documents will	Actual Cost
be reasonable and justifiable. Expedited shipping or	7 (818 81 881
insurance will only be charged if stipulated by the	
requestor.	
Fee Waiver: Information may be provided at no charge if	Fee Reduction
the district determines that it is in the public interest. The	
first \$20 in fees must be waived: 1) If the information is for a	
non-profit organization, or b) By persons submitting an	
affidavit stating they are indigent or receiving public	
assistance.	
Total Fee:	Labor + Copies/Media +
	Mailing

## **Submit Your FOIA Request to:**

Michelle Kleikamp, Executive Secretary to the Superintendent Breitung Township School District 810 W. Pyle Drive Kingsford, MI 49802 mkleikamp@kingsford.org 906.779.2650 ext. 1

## Timeframe for Request Fulfillment:

Your request will be fulfilled within 5 days if determined that the timeframe is adequate. If more time is necessary, notification will be provided of the necessary time extension of up to 10 additional days.

## Fee Appeal Process:

In the event that the requestor believes he/she is being charged excessive fees, the requestor may appeal. To appeal, follow the procedure below.

- 1) Make your appeal known to the Superintendent in written form.
- 2) Issue the appeal to:

Superintendent's Office Breitung Township School District 810 W. Pyle Drive Kingsford, MI 49802

- 3) You will receive written correspondence within 10 days indicating one of the following actions:
- a. Waive the fee
- b. Reduce the fee
- c. Uphold the fee
- d. Extend the time to respond by 10 business days

#### Please Note:

- 1. With permission from the requestor, the BTS will email information to save mailing fees or create a convenience for the requestor.
- 2. If you have questions, please contact Michelle Kleikamp at 906.779.2650 ext. 1 or mkleikamp@kingsford.org.

## PUBLIC RECORDS REQUEST

Name:	
Address:	·····
Telephone:	Business Telephone:
I wish a copy of the followin	ng record(s): (specify)
I wish to review the followin	g record(s): (specify)
holidays, as to when I may view the	days, excluding weekends and see records. I also understand if I request a copy made of these to me at cost. I further understand I am not allowed to remove they are maintained.
Signature	Date
	· * * * * * * * * * * * * * * * * * * *
Records Officer	Date
* * * * * * * * * * * * * * * * * * * *	: * * * * * * * * * * * * * * * * * * *
RECEIPT/ACKNOWLEDGEMENT	FORM
I hereby acknowledge that I have be public records.	een given copies of and/or have been permitted to review the
Signature	