

ATTACHMENT A

WAYNE COUNTY EMPLOYEES' RETIREMENT SYSTEM

FREEDOM OF INFORMATION REQUEST FORM

Pursuant to the Michigan Freedom of Information Act (P.A. 442 of 1976, as amended), I hereby request to be:

Please check one:

Provided with copies of the records described below

Permitted to review copies of the records described below

Documents Requested:

I understand that if I would like the records described above provided on non-paper physical media (computer disc, computer tapes, or other digital or similar media) or electronically mailed to me in lieu of paper copies, I must so indicate. I also understand that the records will be provided to me on non-paper physical media as long as that the Retirement System has the technological capability necessary to provide the records on the particular non-paper physical media.

I understand that in requesting copies of these records, I am responsible for all reasonable costs associated with the document search, examination, review, redaction and copying fees, not to exceed limits set forth in MCLA 15.234, and will remit to the Wayne County Employees' Retirement System ("Retirement System") all such costs on or before the date of delivery. Payment of this fee becomes an obligation and is guaranteed by me to the Retirement System as of the date of filing this request regardless of whether I ever pick up the materials ordered in this request, or the material exceeds my anticipated volume. I further agree to remit a deposit in the amount of one-half the estimated fee at the time of making this request, in the event the estimated fee exceeds \$50.00. I understand that certain material which I have requested may not exist altogether, not exist in the Retirement System's file under the name or description which I have provided, or may be exempt from release pursuant to the provisions of the Act and that I will be

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so advised by the Retirement System should that be the case. I also understand that some of the documents (or portion thereof), which I have requested may contain information or other material which is exempt from release and may therefore be deleted.

I understand the Retirement System must respond to my request within five (5) business days after my request is received and that because of the nature of my request or the volume of documents requested, additional time may be required to locate and copy the materials. Accordingly, pursuant to Section 5(2)(d) of the P.A. 442 of 1976 (MCL 15.234), if requested to do so, I agree to an extension of ten (10) additional business days to produce the documents.

I understand that the records requested shall be furnished without charge for the first \$20.00 if I provide an affidavit and declare that I am indigent or represent a non-profit organization operating under PL 106-402 as specified in Section 4(2) of P.A. 442 of 1976, as amended.

Pursuant to Section 4(4) of the P.A. 442 of 1976 (MCL 15.234), the Retirement System maintains a summary of its policy, procedures and guidelines for FOIA requests on the Retirement System's webpage at: <http://www.wcers.org>

Signature: _____

Print Name: _____

Date: _____

Address: _____

Telephone: _____

Email address: _____

Wayne County Employees' Retirement System
28 West Adams, Suite 1900
Detroit, Michigan 48226