

Freedom of Information Act Detailed Itemization of Fees

Requestor's name and address:	
Fee calculation	Amount
1. Labor costs* to search, locate, and examine: ___ Hours x \$_____ (hourly wage) x ___% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
2. Labor costs* for review and separation of exempt from non-exempt material: ___ Hours x \$_____ (hourly wage) x ___% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
3. Nonpaper physical media: Describe (e.g. CD's, DVD's, flash drive, etc) and list actual costs.	\$
4. Duplication and publication: Describe (copying, scanning, etc) \$_____ (cost per page) x _____ number of pages	\$
5. Labor costs* to duplicate or publish: ___ Hours x \$_____ (hourly wage) x ___% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
6. Mailing: Describe and list actual costs.	\$
Less waiver for indigent persons (\$20.00)**	
Less reduction for untimely response: \$_____ subtotal x 5% reduction per day x ___ days	\$
Make check payable to State of Michigan and mail to:	Total fee: \$
If the total fee is more than \$50.00, you will be asked to pay a deposit of one-half of the amount of the total fee. The total fee and deposit are estimates, and your final costs may vary from these amounts.	Deposit: \$
Part or all of the documents requested are available online at:	
If you prefer to have copies of these documents sent to you, please forward payment to the Department for processing.	\$
Balance to be paid:	\$

*Labor costs will be calculated using the lowest paid Department employee capable of each task. If more than one hourly rate is used, they will be listed on other copies of this form.

**You must submit an affidavit of indigency to qualify for this fee waiver.