

Aloha Township Freedom of Information Act Request Cost Worksheet

<p>Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234, the following costs will be charged for responses to FOIA requests, according to the FOIA Fee Schedule adopted and periodically revised by the township board.</p>		
<p>Copying (per copy cost):</p> <p>Copying costs may be charged if a copy of a public record is requested, or if a copy is required to allow for blacking out exempt information, to protect old or delicate original records, or because the original record is a digital file or database not available for public inspection.</p> <p style="text-align: right;">Letter or Legal (single-sided): 10 cents per page Letter or Legal (double-sided): 20 cents per page</p> <p>Other Media (tape/disk/drive): _____ Cost:\$5.00</p>	<p>Number of pages: x _____ = x _____ = x _____ = x _____ =</p>	<p>Total Cost \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>Labor Cost for Copying (hourly wage):</p> <p style="text-align: right;">Hourly Wage Charged: \$15.00</p>	<p>Number of minutes: x _____ =</p>	<p>Total Cost \$ _____</p>
<p>Mailing:</p> <p style="text-align: right;">No. 10 Business Envelope: 3 cents 9 x 12 Envelope: 5 cents 10 x 13 Envelope: 10 cents Other: ___ cents</p> <p style="text-align: right;">Postage Actual Cost</p>	<p>Number of envelopes: x _____ = x _____ = x _____ = x _____ =</p> <p>Actual Postage: x _____ =</p>	<p>Total Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>Labor Cost for Separating Exempt from Non-Exempt Information (hourly wage):</p> <p>Due to the nature of the request, a labor charge may be charged for the search, examination, review, and (if appropriate) the deletion and separation of exempt from non-exempt information as provided in Section 4 of the Freedom of Information Act, MCL 15.234. This fee is being charged because failure to do so would result in unreasonably high costs to the township, specifically:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Hourly Wage Charged:\$15.00</p>	<p>Number of minutes: x _____ =</p>	<p>Total Cost \$ _____</p>
	Subtotal	\$ _____
Proof or Affidavit of Indigency Submitted	Subtract \$20.00	\$ _____
	Estimated Cost	\$ _____
Note: Estimated Cost Exceeds \$50.00. Good Faith Deposit of 50% Required Before Request Will Be Processed	50% Deposit Date Paid: _____	\$ _____
Note: Request Will Be Processed, But Balance Must Be Paid Before Copies May Be Picked Up, Delivered, or Mailed	Balance Due Date Paid: _____	\$ _____