WASHTENAW COUNTY FREEDOM OF INFORMATION ACT

FEE CALCULATION FORM

FOIA #: _____ REQUESTOR NAME: _____

ESTIMATED COSTS				ACTUAL COSTS			
Labor (Search, Locate, Examine)*	# of Hours: / Wage Rate:		$ -	# of Hours: / Wage Rate:			$ -
Labor (Review, Separate, Delete)*	# of Hours: / Wage Rate:		$ -	# of Hours: / Wage Rate:			$ -
Labor (Contractor)** Name:	# of Hours: / Wage Rate:		$ -	# of Hours: / Wage Rate:			$ -
Nonpaper Physical Media	CD @ Qty		$ -	CD @ Qty			$ -
	DVD @ Qty		$ -	DVD @ Qty			$ -
Paper Copies	Black / White: $ 0.06 Qty		$ -	Black / White: $ 0.06 Qty			$ -
	Color: $ 0.10 Qty		$ -	Color: $ 0.10 Qty			$ -
Labor (Duplicating)*	# of Hours: / Wage Rate:	$22.70	$ -	# of Hours: / Wage Rate:			$ -
Other:				Other:			
Indigent Waiver ($20)***							
SUBTOTAL			$ -	**SUBTOTAL**			$ -
Mailing	Actual Cost		$ -	Mailing (Actual Cost)			
Additional Fees (listed separately)				Additional Fees (listed separately)			
TOTAL			$ -	**TOTAL**			$ -
				Less Deposit			$ -
50% Deposit Due****			$ -	**Balance Due**			$ -

Part, or all, of the documents requested are available online at: _____

Cost to provide the online documents in paper form is $ _____. If you prefer to have these documents mailed, please forward payment and a copy of this form to the FOIA Coordinator for processing. This will result in a new request.

Return a copy of this fee calculation with your payment to ensure proper credit. Make check, or money order, payable to **WASHTENAW COUNTY**.

*Cost includes hourly wage and 25% of fringe benefits. If additional costs need to be included for a different wage, this will be provided on an additional document.
Set fringe rate will be at 25% which is below the actual fringe rate costs for the County.
**Actual cost does not exceed 6X the state minimum hourly wage.
***Must provide proof of indigence. Limit of two waivers per calendar year.
****Once payment is received, the County will process your request. Fulfilling request is anticipated to take approximately _____ days.

If you disagree with the fees, you may submit a written appeal specifically stating "fee appeal" and stating the reasons for the appeal, to the County Administrator. Within ten (10) days of receiving a request for an appeal, the County Administrator shall respond to the appeal either a)upholding the associated fees; b)adjust the fees or c)rescind the associated fees.