

**WASHTENAW COUNTY FREEDOM OF INFORMATION ACT
FEE CALCULATION FORM**

FOIA # _____

REQUESTOR NAME: _____

ESTIMATED COSTS	TOTAL	ACTUAL COSTS	TOTAL
Labor (Search, Locate, Examine)*	# of Hours ____ X Wage Rate ____	# of Hours ____ X Wage Rate ____	
Labor (Review, Separate, Delete)*	# of Hours ____ X Wage Rate ____	# of Hours ____ X Wage Rate ____	
Labor (Contractor)** Name _____	# of Hours ____ X Wage Rate ____	# of Hours ____ X Wage Rate ____	
Nonpaper Physical Media	CD ____ X \$ ____ DVD ____ X \$ ____	CD ____ X \$ ____ DVD ____ X \$ ____	
Paper Copies	Black & White: # of Pages ____ X .04/page Color: # of Pages ____ X .09/page	Black & White: # of Pages ____ X .04/page Color: # of Pages ____ X .09/page	
Labor (Duplicating)*	# of Hours ____ X Wage Rate ____	# of Hours ____ X Wage Rate ____	
Other _____ _____			
Indigent Waiver (\$20)***			
SUBTOTAL			
Mailing	Actual Cost	Actual Cost	
Additional Fees (listed separately)		Actual additional Fees (listed separately)	
TOTAL		TOTAL	
50% Deposit Due****		<i>Less Deposit</i>	
		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 up to 50% of fringe benefits. If additional costs need to be included for a different wage, this will be provided on an additional document.

**Actual cost does not exceed 6X the state minimum hourly wage.

***Must provide proof of indigence. Limit of two waivers per year.

****Once payment is received, the County will process your request and will take approximately _____ to fulfill the request.