



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 .03/page Color: # of Pages _____ X .10/page		Black & White: # of Pages _____ X .03/page Color: # of Pages _____ X .10/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.