



**WASHTENAW COUNTY FREEDOM OF INFORMATION ACT**

**FEE CALCULATION FORM**

FOIA #: \_\_\_\_\_ REQUESTOR NAME: \_\_\_\_\_

ESTIMATED COSTS				ACTUAL COSTS			
Labor (Search, Locate, Examine)*	# of Hours: Wage Rate:	_____ \$ 55.95	\$ -	# of Hours: Wage Rate:	_____	_____	\$ -
Labor (Review, Separate, Delete)*	# of Hours: Wage Rate:	_____ \$ 55.95	\$ -	# 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: \$ 0.04 Qty _____	_____ \$ -	-	Black / White: \$ 0.04 Qty _____	_____	_____	\$ -
	Color: \$ 0.09 Qty _____	_____ \$ -	-	Color: \$ 0.09 Qty _____	_____	_____	\$ -
Labor (Duplicating)*	# of Hours: Wage Rate:	_____ \$ 25.85	\$ -	# of Hours: Wage Rate:	_____ \$ 25.85	_____	\$ -
Other:	_____			Other:	_____		
	_____				_____		
	_____				_____		
Indigent Waiver (\$20)***							
<b>SUBTOTAL</b>		_____ \$ -	-	<b>SUBTOTAL</b>		_____ \$ -	-
Mailing	Actual Cost		\$ -	Mailing (Actual Cost)			
Additional Fees (listed separately)				Additional Fees (listed separately)			
	<b>TOTAL</b>	_____ \$ -	-	<b>TOTAL</b>	_____ \$ -		-
50% Deposit Due****		_____ \$ -	-			Less Deposit \$ -	-
						<b>Balance Due</b> \$ -	-

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 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.*