**Chippewa Valley Schools 8310C**

**STANDARD FORM FOR DETAILED ITEMIZATION OF FEES**

**CHARGED FOR FOIA REQUESTS**

The following form shall be used by the District to calculate a fee or deposit charged for a FOIA request.

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| Pursuant to the Michigan Freedom of Information Act (FOIA), MCL 15.234, the following costs will be charged for responses to FOIA requests: | **Total Cost** |
|   |   |
| **1. Labor costs – searching for, locating, and examining public records** Hourly Wage Charged: $ \_\_\_\_\_ \_\_\_\_\_ 15 minute increments (rounded down) | If fee charged, describe nature of unreasonably high costs to District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_ |
| **2. Labor costs – separating and deleting of exempt information from nonexempt information.** Hourly Wage Charged: $ \_\_\_\_\_\_ Time Spent \_\_\_\_\_\_\_\_ | If fee charged, describe nature of unreasonably high costs to District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_ |
| **3. Actual cost of records provided on nonpaper physical media** (i.e. computer discs, computer tapes, or other digital media).  | Type of Media Cost | $ \_\_\_\_\_\_\_ |
| **4. Paper copies** | \_\_\_\_ pages x $0.10/page = | $ \_\_\_\_\_\_\_ |
| **5. Labor costs – duplication or publication, including making paper and digital copies**Hourly Wage Charged: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ time increment of District’s choosing | $ \_\_\_\_\_\_\_ |
| **6. Actual cost of mailing** \*By least expensive form of postal delivery confirmation unless requestor stipulates otherwise | **Envelopes/Packaging:** **$ \_\_\_\_\_\_\_** **Postage:** $ \_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_ |
| **Fee reduction?** List reason (indigency or protection and advocacy organization):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Subtract $20 or Not Applicable | $\_\_\_\_\_\_\_ |
|  | **Estimated Cost** | **$ \_\_\_\_\_\_\_\_** |
| **Good faith deposit required?** | If estimated cost exceeds $50, a good faith deposit of 50% of estimated cost is required *before* request will be processed | $ \_\_\_\_\_\_\_\_\_Paid\_\_\_\_\_\_\_\_\_\_Date |
| Note: Request will be processed, but balance must be paid *before* copies may be picked up, delivered, or mailed | **Balance Due** | $ \_\_\_\_\_\_\_ |