

CASCADE CHARTER TOWNSHIP
Freedom of Information Act Request Cost Worksheet

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234, the following costs will be charged for responses to FOIA requests, according to the FOIA Fee Schedule adopted and periodically revised by the township board.			
Copying (per copy cost): Copying costs may be charged if a copy of a public record is requested, or if a copy is required to allow for blacking out exempt information, to protect old or delicate original records, or because the original record is a digital file or database not available for public inspection. Letter (single-sided): 8 cents per page Letter (double-sided): 14 cents per page Legal (single-sided): 10 cents per page Legal (double-sided): 18 cents per page 11" x 17" (single-sided): 14 cents per page 11" x 17" (double-sided): 26 cents per page 24" x 36" : \$2.00 per page Other Media (tape/disk/drive): _____ Cost: _____		Number of pages: X _____ = X _____ = X _____ = X _____ = X _____ = X _____ = X _____ = X _____ = X _____ =	Total Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Labor Cost for Copying/Scanning/Preparing: Hourly Wage Charged: <u>\$18.00</u>		Number of minutes: X _____ =	Total Cost \$ _____
Mailing: No. 10 Business Envelope: 4 cents 9 x 12 Envelope: 6 cents 10 x 13 Envelope: 14 cents Other: ___ cents Postage (select method): \$ <u>.49</u> per stamp \$ _____ per pound \$ _____ per package		Number of envelopes: X _____ = X _____ = X _____ = X _____ = Actual Postage: X _____ = X _____ = X _____ =	Total Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Labor Cost for Search and Separating Exempt from Non-Exempt Information (hourly wage): Due to the nature of the request, a labor charge may be charged for the search, examination, review, and (if appropriate) the deletion and separation of exempt from non-exempt information as provided in Section 4 of the Freedom of Information Act, MCL 15.234. This fee is being charged because failure to do so would result in unreasonably high costs to the township, specifically: _____ _____ Hourly Wage Charged: _____		Number of minutes: X _____ =	Total Cost \$ _____
		Subtotal	\$ _____
Proof or Affidavit of Indigency Submitted		Subtract \$20.00	\$ _____
		Estimated Cost	\$ _____
Note: When estimated Cost Exceeds \$50.00. Good Faith Deposit of 50% Required <u>Before</u> Request Will Be Processed		50% Deposit Date Paid: _____	\$ _____
Note: Request Will Be Processed, But Balance Must Be Paid <u>Before</u> Copies May Be Picked Up, Delivered, or Mailed		Balance Due	
		Date Paid: _____	\$ _____