# Allendale Charter Township Freedom of Information Act Request Cost Worksheet 

as revised on 7/01/2015

## 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): <br> 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. <br> Letter size...black and white... 6 cents per page Legal size...black and white... 7 cents per page $11 \times 14$ size...black and white... 10 cents per page Letter size...color... 10 cents per page Legal size...color... 14 cents per page $11 \times 14$ size...color... 20 cents per page | Number of pages <br> $x$ <br> $x —$ <br> $x —$ <br> $x$ <br> $x$ <br> $x —$ <br> $x —$ <br> $x —$ <br> $x —$ | $\qquad$ |
| :---: | :---: | :---: |
| Fax 50 cents per page | Number of pages <br> x $\qquad$ $=$ | Total cost \$ $\qquad$ |
| Labels 50 cents per page (30 labels per page) | Number of pages of labels <br> x $\qquad$ $=$ | Total cost \$ $\qquad$ |
| Computer disk/CD $\quad \$ 1$ per disk | $\begin{aligned} & \text { Number of disks } \\ & \mathrm{x} \quad= \end{aligned}$ | Total cost \$ $\qquad$ |
| Labor Cost <br> Due to the nature of the request, 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: $\qquad$ $\qquad$ <br> Hourly wage charged: \$ $\qquad$ | Number of minutes <br> x $\qquad$ $=$ | Total cost \$ $\qquad$ |
| Mailing Actual costs |  | Total cost \$ $\qquad$ |
|  | Estimated cost | \$ |
| Note: Estimated costs exceeds $\$ 50.00$. Good faith deposit of $\$ 50$ is required before request will be processed. | \$50 deposit Date deposit was paid $\qquad$ |  |
| Balance must be paid BEFORE copies may be picked up, delivered, or mailed! | $\begin{gathered} \text { DATE } \\ \text { BALANCE } \\ \text { WAS PAID } \end{gathered}$ | $\begin{aligned} & \text { BALANCE } \\ & \text { DUE } \\ & \text { \$ } \\ & \hline \end{aligned}$ |

