

**EMMETT CHARTER TOWNSHIP
FREEDOM OF INFORMATION ACT (FOIA)
FEE CALCULATION FORM**

FILE # / REQUESTOR NAME: _____

Estimated Costs		Total	Actual Costs	Total
Labor (Search, Locate, Examine)*	# of Hours ___ x Wage Rate _____		# of hours ___ x Wage Rate _____	
Labor 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 _____	
Non-paper Physical Media				
Paper Copies	# of Pages ___ x Copying Rate _____		# of Pages ___ x Copying Rate _____	
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)				
Total:				
50% Deposit 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 Township 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 Emmett Charter Township

* Cost includes hourly wage and up to 50% 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.

**** Once payment is received, the Township will process your request.