

**VEVAY TOWNSHIP
FREEDOM OF INFORMATION ACT DETAILED ITEMIZATION OF FEES**

Requestor's name and address:	<input type="checkbox"/> Hand-Delivered <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other
Fee Calculation	Amount
1. Labor costs* to search, locate, and examine: ___ Hours x \$____(hourly wage) x ___% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
2. Labor costs* for review and separation of exempt from non-exempt material: ___ Hours x \$____(hourly wage) x ___% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
3. Non-paper physical media: Describe (e.g. CD's, DVD's, flash drive, etc.) and list actual costs.	\$
4. Duplication and publication: Describe (copying, scanning, etc.) \$____ (cost per page) x ____ number of pages	\$
5. Labor costs* to duplicate or publish: ___ Hours x \$____ (hourly wage) x ___% (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
6. Mailing: Describe and list actual costs.	\$
Less waiver for indigent persons (\$20.00)**	\$
Less reduction for untimely response: \$____ subtotal x 5% reduction per day x ____ days	\$
Make check payable to Vevay Township and mail to: Vevay Township FOIA Coordinator 780 Eden Road Mason, MI 48854	<input type="checkbox"/> Estimated - or - <input type="checkbox"/> Actual Fee: \$
If the total fee is more than \$50.00, you will be asked to pay a deposit of one-half of the amount of the total fee. The total fee and deposit are estimates , and your final costs may vary from these amounts.***	Deposit: \$
Part or all of the documents requested are available online at: If you prefer to have copies of these documents sent to you, please forward payment to the Township for processing.	\$
Balance to be paid:***	\$

*Labor costs will be calculated using the lowest paid Township employee capable of each task. If more than one hourly rate is used, they will be listed on other copies of this form.

**You must submit an affidavit of indigency to qualify for this fee waiver.

*** **PER MCL 15.234(14), if the good-faith deposit is not received by _____ (48 days after the notice is sent) the request will be considered "ABANDONED".**