

## Freedom of Information Act Detailed Itemization of Fees

Requester's name and address:	<b>Dated:</b>
Fee calculation	Amount
1. Labor costs* to search for and retrieve responsive records:  Hours x \$22.54 (hourly wage) + 50% of fringe benefits (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits).	\$
2. Labor costs* for review and examination of responsive records and the separation of exempt from non-exempt material:  Hours x \$32.55 (hourly wage) + 50% of fringe benefits (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits).	\$
3. Nonpaper 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 50% (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 individual or qualifying nonprofit organization. (\$20.00)**	
Less reduction for untimely response: \$ ____ subtotal x 5% reduction per day x ____ days.	\$
	Total 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: \$
To pay by check or money order:	

## Freedom of Information Act Detailed Itemization of Fees

<p>To pay deposit or full payment, please make the item payable to State of Michigan, and mail to: FOIA Coordinator, Department of Attorney General, P.O. Box 30754, Lansing, MI 48909.</p>	
<p>To <a href="https://www.thepayplace.com/mi/attgen/foia">pay by credit card</a>, visit:  <a href="https://www.thepayplace.com/mi/attgen/foia">https://www.thepayplace.com/mi/attgen/foia</a>.</p> <p>Credit card payments are charged a 1.5% service fee. Before making a credit card payment, please allow two business days for the referenced invoices to be added to the system.</p> <p>Indicate the type of payment (deposit or full payment) and include the corresponding invoice number during the checkout process.</p>	<p>Deposit: \$XXXX, Invoice #2024-XXXXX-A.</p> <p>Full Payment: \$XXXXXX, Invoice #2024-XXXXXX-B.</p>
<p>As set forth under section 4(14) of the FOIA, MCL 15.234(14), if a fee appeal has not been filed under section 10a of the FOIA, MCL 15.240a, the Department must receive the required deposit within 45 days after the requester's statutorily determined receipt of this notice, which is XXXXXXXXXX; otherwise, the FOIA request will be considered abandoned, and the Department will not be required to fulfill the request.</p>	
<p>Part or all of the documents requested are available online at:</p> <p>If you prefer to have copies of these documents sent to you, please forward payment to the Department for processing.</p>	<p>\$</p>

\*Labor costs will be calculated using the lowest paid Department 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.

Revised 10/9/24