



CITY OF IMLAY CITY

MUNICIPAL OFFICES

150 NORTH MAIN STREET, IMLAY CITY, MI 48444
 (810) 724-2135 • (810) 724-1861 FAX
 www.imlaycity.org



TREE CITY USA

Freedom of Information Act Request Itemized Cost Worksheet

Date: _____ Prepared for Request No.: _____ Date Request Received: _____

<p>The following costs are being charged in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to the city's FOIA Policies and Guidelines.</p>		
<p>Labor Cost: These costs will be estimated and charged in 15-minute time increments rounding down *Hourly Wage with Fringe Benefit Cost: \$ 19.23 / Charge per increment: \$ 4.81 Employee Labor Cost for Separating Exempt from Non-Exempt (Redacting) Cost to Locate *Copying / Duplication - Number of copies) Late Response Labor Costs Reduction: Contract labor cost:</p> <p>TOTAL LABOR COST: *labor cost may be different than above</p>	<p>Increments _____ _____ _____ _____ _____</p>	<p>Labor Cost \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>Copying / Duplication Cost: Letter (8 ½ x 11-inch, single and double-sided): .010 (10 cents per sheet) Legal (8 ½ x 14-inch, single and double-sided): .010 (10 cents per sheet) 11x17 (single and double-sided): .015 cents / dollars per sheet Disc \$2.00 each Other media at cost *Please Note: If you supply digital media (flash drive etc.), it must be brand new and unopened in the original packaging.</p> <p>TOTAL DUPLICATION COST:</p>	<p>Sheets _____ _____ _____ _____</p>	<p>Costs \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>Mailing Cost: The City will charge the actual cost of mailing. Delivery confirmation is not required.</p> <p>Actual Cost of Envelope or Packaging: Cost Actual Cost of Postage: _____ per envelope _____ per package Postal Delivery Confirmation (only if requested): \$ _____ *Expedited Shipping or Insurance only if Requested: \$ _____</p> <p>TOTAL MAILING COST:</p>	<p>Quantity _____ _____ _____ _____</p>	<p>Costs \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>Waiver: Public Interest A search for a public record may be conducted or copies of public records may be furnished without charge or at a reduced charge if the City determines that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public record can be considered as primarily benefiting the general public. Fees are reduced by: _____%</p> <p>TOTAL DUE LESS PUBLIC INTEREST DISCOUNT:</p>	<p>Reduction (if applicable) \$ _____ LESS \$ (_____)</p>	<p>Costs \$ _____</p>

<p>Discount: Indigence - Applies to the first \$20.00 only Eligible for Indigence Discount Signed affidavit stating that the individual is indigent and receiving specific public assistance, OR a signed affidavit stating inability to pay the cost because of indigence. Indigence request denied for the following reason: <input type="checkbox"/> The individual has previously received discounted copies of public records from the same public body twice during that calendar year, OR <input type="checkbox"/> The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request.</p> <p>TOTAL DUE AFTER INDIGENCE DISCOUNT:</p>	<p>Reduction (if applicable) \$ _____ Less discount up to maximum of \$20.00 \$ (_____)</p>	<p>Costs \$ _____</p>
<p>Discount: Nonprofit Organization - Applies to the first \$20.00 only Documentation of nonprofit status is required. Y / N Eligible for Nonprofit Discount</p> <p>TOTAL DUE AFTER APPLIED DISCOUNT:</p>	<p>\$ _____ Less discount up to maximum of \$20.00 \$ (_____)</p>	<p>\$ _____</p>
<p>Deposit: Good Faith The City requires a good-faith deposit <u>before providing the public records to the requestor if the entire fee estimate or charge authorized under this section exceeds \$50.00</u>, based on a good-faith calculation of the total fee. The deposit requested cannot exceed 1/2 of the total estimated fee. Percent of Deposit: _____%</p>	<p>Date Paid _____</p>	<p>Deposit Amount Required \$ _____</p>
<p>Deposit: Increased Deposit Due to Previous FOIA Fees Not Paid In Full Imlay City requires fee deposits of <u>100%</u> of the estimated fee <u>before it begins a full public record search.</u></p>	<p>Date Paid: _____</p>	<p>Deposit Required: \$ _____</p>
<p>Fee Summary: Labor Cost Copying/Duplication Cost Mailing Cost Waiver/Discount Deposit</p> <p>TOTAL DUE</p>	<p>..... \$ (_____) \$ (_____)</p>	<p>\$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>The Public Summary of Imlay City's FOIA Procedures and Guidelines is available free of charge from: WEBSITE: www.imlaycity.org or via email to the following department: Email: treasurer@imlaycity.org</p> <p>Phone: (810) 724-2135 Address: 150 N Nain Street, Imlay City MI 48444</p> <p>Request Will Be Processed, but <u>Balance Must Be Paid Before Copies May Be Picked Up, Delivered or Mailed.</u></p>	<p>Date Paid: _____</p>	<p>Total Balance Due: \$ _____</p>

NOTICE OF THE DATE BY WHICH THE DEPOSIT MUST BE RECEIVED IF THE REQUESTER DOES NOT WANT THE CITY TO CONSIDER THE REQUEST ABANDONED: SUCH DEPOSIT MUST BE RECEIVED 48 DAYS AFTER THIS NOTICE IS SENT AND IS DUE BY _____.