

## CLAY TOWNSHIP FREEDOM OF INFORMATION ACT FEE CALCULATION FORM

**File #/Requestor Name:**

Estimated Costs		Total	Actual Costs		Total
Labor (Search, Locate, Examine)*	# of Hours ___ x Wage Rate <u>21.74</u>		# of Hours ___ x Wage Rate _____		
Labor (Separate/Delete)*	# of Hours ___ x Wage Rate <u>21.74</u>		# of Hours ___ x Wage Rate _____		
Labor (Contractor)** Name _____	# of Hours ___ x Wage Rate <u>21.74</u>		# of Hours ___ x Wage Rate _____		
Nonpaper Physical Media	29.99				
Paper Copies	# of Pages ___ x Copying Rate <u>.10</u>		# of Pages ___ x Copying Rate _____		
Labor (Duplicating)*	# of Hours ___ x Wage Rate <u>21.74</u>		# of Hours ___ x Wage Rate _____		
Other _____					
Indigent Waiver (\$20)***					
<b>SUBTOTAL</b>					
Mailing	Actual Cost		Actual Cost		
Additional Fees (listed separately)					
<b>TOTAL</b>					
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 Township of Clay.**

\*Cost includes hourly wage and up to 50% of 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 Agency will process your request.