

**COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT (CCISD)
FREEDOM OF INFORMATION ACT
FEE ITEMIZATION FORM**

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234 (the "FOIA" or the "Act"), the following costs will be charged for responses to FOIA requests.

If a fee for labor cost is being charged because the failure to do so will result in unreasonably high costs to the District because of the nature of the request in this particular instance, check this box and specify the nature of the unreasonably high costs: _____

Labor costs shall not be more than the hourly wage of the CCISD's lowest paid employee capable of performing the labor in the particular instance, regardless of whether that person is available or actually performs the labor. Labor costs will be estimated and charged in 15 minute time increments, with all partial time increments rounded down. No overtime will be charged unless the person making the FOIA request provides written approval. If the total number of minutes is less than 15, there will be no charge. If the CCISD charges to cover or partially cover the cost of fringe benefits, it will use a ____ (no more than 50) percent multiplier to account for those benefits.

PREPARED FOR: _____

DATE PREPARED: _____ **DATE REQUEST WAS RECEIVED:** _____

LABOR COSTS	APPLICABLE RATES	Estimated Time to Perform Task (15 Min. Increments)	Subtotal	Total
Locate Records	<input type="checkbox"/> Hourly Wage Rate: _____ <input type="checkbox"/> Hourly Rate with Benefits: _____ <input type="checkbox"/> Overtime Rate (as Stipulated by Requestor)			
Copy Records	<input type="checkbox"/> Hourly Wage Rate: _____ <input type="checkbox"/> Hourly Rate with Benefits: _____ <input type="checkbox"/> Overtime Rate (as Stipulated by Requestor)			
Employee Cost to Separate Exempt from Non-Exempt Material	<input type="checkbox"/> Hourly Wage Rate: _____ <input type="checkbox"/> Hourly Rate with Benefits: _____ <input type="checkbox"/> Overtime Rate (as Stipulated by Requestor)			
Contractor Cost to Separate Exempt from Non-Exempt Material	<input type="checkbox"/> Hourly Rate: _____			
TOTAL LABOR COST				

COPYING/DUPLICATION/PRINTING COST	Price per Sheet	# of Sheets	Subtotal	Total
Letter Size (8.5 x 11"), Single or Double-sided				
Legal Size (8.5 x 14"), Single or Double-sided				
Ledger Size (11 x 17"), Single or Double-sided				
Other Sizes				
TOTAL COPYING/DUPLICATION/PRINTING				

NON-PHYSICAL & DIGITAL MEDIA COST*	Price Per Item	Quantity	Subtotal	Total
Disk				
Tape				
Drive				
Other: _____				
TOTAL NON-PHYSICAL/DIGITAL MEDIA				

* Actual & most reasonably economical cost of non-paper/digital media (or being provided to requester in such format as stipulated).

MAILING COST	Price	Quantity	Subtotal	Total
Cost of Envelope or Package				
Postage	<input type="checkbox"/> At _____ per Stamp <input type="checkbox"/> At _____ per Pound <input type="checkbox"/> At _____ per Package	_____ Stamps _____ Pounds _____ Pkgs.		
Postal Delivery Confirmation				
Expedited Shipping or Insurance, if Requested				
TOTAL MAILING COST				

TOTAL COSTS FROM ABOVE:

\$ _____

Qualified Non-profit Organization per Section 4(2)(f)(2)(b) of the FOIA?

Yes No
(If yes, subtract \$20.00)

- _____

Affidavit of Indigency Submitted?

Yes No
(If yes, subtract \$20.00)

- _____

TOTAL ESTIMATED FEE:

\$ _____

If estimated cost exceeds \$50.00, a good faith deposit of 50% is required before request will be processed.

50% Deposit = \$ _____ Date Paid: _____

The request will be processed, but the balance of the cost must be paid before copies may be picked up, delivered, or mailed.

Balance Due = \$ _____ Date Paid: _____