

**MACOMB COUNTY FREEDOM OF INFORMATION ACT
FEE STATEMENT**

If payment is requested as reflected in the accompanying letter, requested information will not be released until payment indicated below is received. Please contact the Macomb County Corporation Counsel's Office or return this form in the event you do not wish to receive the information requested. After 90 days without contact or payment, it will be presumed that you no longer wish to pursue your request.

Requestor's Name and Address:

Itemized Calculation

Labor

Search and Retrieval (photos):	hours x wage rate	\$	=	\$
Search and Retrieval (documents)	hours x wage rate	\$	=	\$
Search and Retrieval (audio)	hours x wage rate	\$	=	\$
Search and Retrieval (video)	hours x wage rate	\$	=	\$

Duplicating/Copying

Labor:	hours x wage rate	\$	=	\$
Paper	pages x \$0.10		=	\$
Electronic Media	digital discs		=	\$
	flash drives		=	\$
	memory cards		=	\$
	other		=	\$

Postage (actual cost) \$

TOTAL \$

Please note that if a deposit is requested because the total cost is estimated to be greater than \$50.00, the indicated amount is only an estimate of the cost of complying with your request. The final actual amount may vary.

DEPOSIT \$

Make checks/money orders payable to: the County of Macomb

Mail checks/money orders to: Office of the Corporation Counsel
ATTN: FOIA Coordinator
1 South Main Street, 8th Floor
Mount Clemens, Michigan 48043