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: _____ hours x wage rate _____ = $_______ .00
Reviewing and Redaction: _____ hours x wage rate _____ = $______ .00

Duplicating/Copying
Labor: _____ hours x wage rate _____ = $______ .00
Paper: _____ pages x $0.10 = $______ .00
Electronic Media:
____ digital discs $______ .00
____ flash drives $______ .00
____ memory cards $______ .00
____ other $______ .00

Postage (actual cost) $______ .00

TOTAL $______ .00

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 $______ .00

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