



## City of Plymouth

Freedom of Information Act Coordinator  
 201 South Main Street  
 Plymouth, Michigan 48170-1688  
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# FREEDOM OF INFORMATION ACT FEE SCHEDULE

OFFICE USE ONLY:	Units	Cost Per Unit	Total
<b>1. Labor</b>	(#) _____ hours,	X (\$) _____ =	_____
<i>*Includes: Location of files, redaction of sensitive information, duplication &amp; mailing.</i>			
<b>2. Materials</b>			
Paper:	(#) _____ used,	X (\$) _____ =	_____
Flash Drives:	(#) _____ used,	X (\$) _____ =	_____
Computer Discs:	(#) _____ used,	X (\$) _____ =	_____
Labels:	(#) _____ used,	X (\$) _____ =	_____
Other Media:	(#) _____ used,	X (\$) _____ =	_____
<b>3. External Vendor Costs</b>			
Redaction:	(#) _____ pages,	X (\$) _____ =	_____
Copying:	(#) _____ pages,	X (\$) _____ =	_____
<b>4. Mailing</b>			
Postage:	(#) _____ stamps,	X (\$) _____ =	_____
Materials:	(#) _____ packaging,	X (\$) _____ =	_____
<b>5. Reductions</b>			
Waiver or reduction of fees, if in public interest (Sec. 15.234): \$ _____			
Credit of \$20 if on public assistance or indigent (Sec. 15.234): \$ _____			
<b>6. Total Costs</b>			
When estimated total costs exceed \$50, a 50% deposit must be paid IN ADVANCE. Please make check payable to City of Plymouth. Payments must be received before delivery of public records.			
Deposit (if applicable):		\$ _____	
Balance Due:		\$ _____	
Payment Received:	_____ on _____	for \$ _____	
	Cashier Initials	Date	Total Check Amount