

Pursuant to Section 4 of the Michigan Freedom of Information Act, Act 442 of 1976, the following cost will be charged for responses to FOIA requests

1. Labor Cost to locate, duplicate, examine, review, separate, redact, etc.:

This is the cost of labor directly associated with the necessary searching for, locating, examining, duplicating paper copies, duplicating media copies, and separating exempt from non-exempt records in conjunction with fulfilling a granted/partial granted written request. The Airport Authority will not charge more than the hourly wage of its lowest-paid employee capable of searching for, locating, and examining the public records in this particular instance, regardless of whether that person is available or who actually performs the labor. These costs will be estimated and charged in 15 minute increments; all partial time increments will be rounded down. If the number of minutes is less than 15, there is no charge.

	Labor in Hours	Labor in Minutes	Charge per increment	Number of Increments	Labor Cost
Hourly Wage Charged: \$42.06 †	_____	_____	\$ 10.51	x _____	= \$ _____
Hourly Wage Charged: \$ ††	_____	_____	_____	x _____	= \$ _____
Hourly Wage Charged: \$ ††	_____	_____	_____	x _____	= \$ _____
Hourly Wage Charged: \$ ††	_____	_____	_____	x _____	= \$ _____

2. Copying (duplication or printing):

Copying costs may be charged if a public record is requested, or for the necessary copying of a record for inspection (for example, to allow for blacking out exempt information, to protect old or delicate original records, or because the original record is a digital file or database not available for public inspection).

	Quantity	Total Cost
Letter (8 1/2 x 11-inch, single or double-sided):	Charge per page \$ 0.10 x _____	= \$ _____
Letter (8 1/2 x 14-inch, single or double-sided):	Charge per page \$ 0.10 x _____	= \$ _____
Other paper sizes (single or double-sided):	Actual cost per page \$ - x _____	= \$ _____
Compact Diskette (includes sleeve and label):	Actual cost \$ 0.37 x _____	= \$ _____
Flash Drive (8gb):	Actual cost \$ 4.69 x _____	= \$ _____

3. Mailing:

The Airport Authority will charge the actual cost of mailing, if any, for sending records in a reasonably economical and justifiable manner. The Airport Authority will not charge more for expedited shipping or insurance unless specifically requested by the requestor. The Airport Authority may charge for the least expensive form of postal delivery confirmation.

	Quantity	Total Cost
Envelope or Package:	Actual cost \$ 0.43 x _____	= \$ _____
Postage with least expensive delivery confirmation:	Actual cost \$ 3.00 x _____	= \$ _____
Expedited Shipping or Insurance as requested:	Actual cost \$ - x _____	= \$ _____

ESTIMATED TOTAL Cost††† \$ -

50% Good Faith Deposit (MCL 15.234) Due: _____ **Date Paid** _____
 Paid Via _____
 Remaining balance (must be paid before the granted public records are released): \$ - **Date Paid** _____
 Paid Via _____

†Hourly wage of the lowest paid Airport Authority employee capable of retrieving the information necessary to comply with the public records request. The rate listed was calculated using the hourly wage of an Sr. Administrative Analyst plus 50.0% fringes (\$28.04 + \$14.02 = \$42.06) prorated in 15 minute increments; rounded-down for partial increments, as required by the Act.

††Hourly wage of the lowest paid Airport Authority employee capable of retrieving the information necessary to comply with the public records request plus 50.0% fringes prorated in 15 minute increments; rounded-down for partial increments as required by the Act. Contracted labor costs will be calculated in the same manner.

Hourly: \$ _____ + 50.0% Fringes \$ _____ = Charge per Hour \$ _____
 Hourly: \$ _____ + 50.0% Fringes \$ _____ = Charge per Hour \$ _____
 Hourly: \$ _____ + 50.0% Fringes \$ _____ = Charge per Hour \$ _____

††† If estimated cost exceeds \$50.00, a Good Faith Deposit (MCL 15.234) is required before the request will be processed. Full payment will be required before the records are released.

Prepared By: _____

Date: _____

File No: _____