

Balance must be paid before records may be picked up, emailed or mailed. Kindly include a copy of page 6 of this form if you are mailing in your payment.

Freedom of Information Act Request Detailed Cost Itemization

Date: _____ Prepared for: _____ Request Number: _____ Request Received: _____

<i>The following costs are being charged in compliance with Section 4 of the Michigan Freedom of Information Act, MCL 15.234, according to the county's FOIA Policies and Guidelines.</i>										
<p>1. Labor Cost for Copying / Duplication</p> <p>This is the cost of labor directly associated with duplication of publication, including making paper copies, making digital copies, or transferring digital public records to be given to the requestor on non-paper physical media or through the internet or other electronic means as stipulated by the requestor.</p> <p>This shall not be more than the hourly wage of the county's lowest-paid employee capable of necessary duplication or publication of this particular instance, regardless of whether that person is available or who actually performs the labor.</p> <p>These costs will be estimated and charged in 15-minute time increments as set by the County Board of Commissioners; all partial time increments must be rounded down. <i>If the number of minutes is less than one increment, there is no charge.</i></p> <p>Hourly Wage Charged: _____ Charge per increment: _____ Or _____ OR _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Name</td> <td style="width: 20%; text-align: center;">Department</td> <td style="width: 30%;"></td> </tr> <tr> <td>Hourly Wage with Fringe Benefit Cost: _____</td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td></td> </tr> </table> <p>Multiply the hourly wage by the percentage multiplier: _____ Charge per increment: _____ (up to 50% of the hourly wage) and add to the hourly wage for a total per hour rate.</p> <p><input type="checkbox"/> Overtime rate charged as stipulated by Requester (overtime is not used to calculate the fringe benefit cost)</p>		Name	Department		Hourly Wage with Fringe Benefit Cost: _____				<p>To figure the number of increments, take the number of minutes: _____ divide by _____ 15 -minute increments, and round down. Enter below:</p> <p>Number of increments _____</p> <p style="text-align: right;">x _____ 0</p>	<p>1. Labor Cost:</p> <p style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></p>
	Name	Department								
Hourly Wage with Fringe Benefit Cost: _____										
<p>2. Labor Cost to Locate:</p> <p>This is the cost of labor directly associated with the necessary searching for, locating, and examining public records in conjunction with receiving and fulfilling a granted written request. This fee is being charged because failure to do so will result in unreasonably high costs to the county that are excessive and beyond the normal or usual amount for those services compared to the county's usual FOIA requests, because of the nature of the request in this particular instance, specifically: _____</p> <p>The county 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.</p> <p>These costs will be estimated and charged in 15-minute time increments (must be 15-minutes or more); all partial time increments must be rounded down. <i>If the number of minutes is less than 15, there is no charge.</i></p> <p>Hourly Wage Charged: _____ Charge per increment: _____ OR _____ OR _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Name</td> <td style="width: 20%; text-align: center;">Department</td> <td style="width: 30%;"></td> </tr> <tr> <td>Hourly Wage with Fringe Benefit Cost: _____</td> <td style="border: 1px solid black; height: 15px;"></td> <td style="border: 1px solid black; height: 15px;"></td> <td></td> </tr> </table> <p>Multiply the hourly wage by the percentage multiplier: _____ Charge per increment: _____ (up to 50% of the hourly wage) and add to the hourly wage for a total per hour rate. Charge per increment: _____</p> <p><input type="checkbox"/> Overtime rate charged as stipulated by Requestor (overtime is not used to calculate the fringe benefit cost)</p>		Name	Department		Hourly Wage with Fringe Benefit Cost: _____				<p style="text-align: center; border: 1px solid black; background-color: #e0e0e0; width: 100px; margin: 0 auto;">0</p> <p>To figure the number of increments, take the number of minutes: _____ divide by _____ 15 -minute increments, and round down. Enter below:</p> <p>Number of increments _____</p> <p style="text-align: right;">x _____ 0</p>	<p style="text-align: center; border: 1px solid black; background-color: #e0e0e0; width: 100px; margin: 0 auto;">0</p> <p>To figure the number of increments, take the number of minutes: _____ divide by _____ 15 -minute increments, and round down. Enter below:</p> <p>Number of increments _____</p> <p style="text-align: right;">x _____ 0</p> <p>2. Labor Cost:</p> <p style="text-align: right; border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></p>
	Name	Department								
Hourly Wage with Fringe Benefit Cost: _____										

3a. Employee Labor Cost for Separating Exempt from Non-Exempt (Redacting):

(Fill this out if using a county employee. If contracted, use No. 3b instead).

The county will not charge for labor directly associated with redaction if it knows or has reason to know that it previously redacted the record in question and still has the redacted version in its possession.

This fee is being charged because failure to do so will result in unreasonably high costs to the county that are excessive and beyond the normal or usual amount for those services compared to the county's usual FOIA requests, because of the nature of the request in this particular instance, specifically: PLEASE SEE LETTER

This is the cost of labor of a **county employee**, including necessary review, directly associated with separating and deleting exempt from nonexempt information. This shall not be more than the hourly wage of the **county's lowest-paid employee** capable of separating and deleting exempt from nonexempt information 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 time increments**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Wage Charged: _____ Charge per increment: _____

OR

Name Department

Hourly Wage with Fringe Benefit Cost: _____

Multiply the hourly wage by the percentage multiplier: _____

(up to 50% of the hourly wage) and add to the Charge per increment: _____

hourly wage for a total per hour rate.

- Overtime rate charged as stipulated by Requestor (overtime is not used to calculate the fringe benefit cost)

To figure the number of increments, take the number of minutes: _____ divide by 15 -minute increments, and round down. Enter below:

Number of increments _____ x _____

3a. Labor Cost: _____

3b. Contracted Labor Cost for Separating Exempt from Non-Exempt (Redacting):

(Fill this out if using a contractor, such as the attorney. If using in-house employee, use No. 3a instead.)

The county will not charge for labor directly associated with redaction if it knows or has reason to know that it previously redacted the record in question and still has the redacted version in its possession.

This fee is being charged because failure to do so will result in unreasonably high costs to the county that are excessive and beyond the normal or usual amount for those services compared to the county's usual FOIA requests, because of the nature of the request in this particular instance, specifically: PLEASE SEE LETTER

As this county does not employ a person capable of separating exempt from non-exempt information in this particular instance, as determined by the FOIA Coordinator, this is the cost of labor of a **contractor** (i.e.: outside attorney), including necessary review, directly associated with separating and deleting exempt information from nonexempt information. This shall not exceed an amount equal to 6 times the state minimum hourly wage rate of 9.45.

Name of contracted person or firm: _____

These costs will be estimated and charged in **15-minute time increments**; all partial time increments must be rounded down. *If the number of minutes is less than 15, there is no charge.*

Hourly Cost Charged: _____ Charge per increment: _____

To figure the number of increments, take the number of minutes: _____ divide by 15 -minute increments, and round down. Enter below:

Number of increments _____ x _____

3b. Labor Cost: _____

<p>Subtotal Fees Before Waivers, Discounts or Deposits:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Estimated Time Frame to Provide Records: PLEASE SEE LETTER (days or date)</p> <p>The time frame estimate is nonbinding upon the county, but the county is providing the estimate in good faith. Providing an estimated time frame does not relieve the county from any of the other requirements of this act.</p> </div>	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <input type="radio"/> Cost Estimate <i>(Deposit Due)</i> <input checked="" type="radio"/> Bill </div>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1. Labor Cost for Copying:</td><td style="width:50%;"></td></tr> <tr><td>2a. Labor Cost to Locate:</td><td></td></tr> <tr><td>2b. Labor Cost to Locate:</td><td></td></tr> <tr><td>3a. Labor Cost to Redact:</td><td></td></tr> <tr><td>3b. Contract Labor Cost to Redact:</td><td></td></tr> <tr><td>4. Copying/Duplication Cost:</td><td></td></tr> <tr><td>5. Mailing Cost:</td><td></td></tr> <tr><td>6a. Copying/Duplication of Records on Website:</td><td></td></tr> <tr><td>6b. Labor Cost for Copying Records on Website:</td><td></td></tr> <tr><td>6c. Mailing Costs for Records on Website:</td><td></td></tr> <tr><td style="text-align: right;">Subtotal Fees:</td><td style="background-color: yellow;"></td></tr> </table>	1. Labor Cost for Copying:		2a. Labor Cost to Locate:		2b. Labor Cost to Locate:		3a. Labor Cost to Redact:		3b. Contract Labor Cost to Redact:		4. Copying/Duplication Cost:		5. Mailing Cost:		6a. Copying/Duplication of Records on Website:		6b. Labor Cost for Copying Records on Website:		6c. Mailing Costs for Records on Website:		Subtotal Fees:	
1. Labor Cost for Copying:																								
2a. Labor Cost to Locate:																								
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6b. Labor Cost for Copying Records on Website:																								
6c. Mailing Costs for Records on Website:																								
Subtotal Fees:																								
<p>Waiver: Public Interest</p> <p>A search for a public record may be conducted or copies of public records may be furnished without charge or at a reduced charge if the county determines that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public record can be considered as primarily benefiting the general public.</p> <p style="text-align: center;"> <input type="checkbox"/> All fees are waived OR <input type="checkbox"/> All fees reduced by: _____ </p>	<p>Subtotal Fees After Waiver:</p> <p>_____</p>																							
<p>Discount: Indigency</p> <p>A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by an individual who is entitled to information under this act and who:</p> <p>1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance, OR</p> <p>2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigence.</p> <p>If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if ANY of the following apply:</p> <p style="margin-left: 20px;">(i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year, OR</p> <p style="margin-left: 20px;">(ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration.</p> <p style="text-align: center;"> <input type="checkbox"/> Eligible for Indigence Discount </p>	<p>Subtotal Fees After Discount (subtract \$20)</p> <p>_____</p>																							
<p>Discount: Nonprofit Organization</p> <p>A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the federal Protection and Advocacy for Individuals with Mental Illness Act, if the request meets ALL of the following requirements:</p> <p style="margin-left: 20px;">(i) Is made directly on behalf of the organization or its clients.</p> <p style="margin-left: 20px;">(ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Michigan Mental Health Code, 1974 PA 258, MCL 330.1931.</p> <p style="margin-left: 20px;">(iii) Is accompanied by documentation of its designation by the state, if requested by the county.</p> <p style="text-align: center;"> <input type="checkbox"/> Eligible for Nonprofit Discount </p>	<p>Subtotal Fees After Discount (subtract \$20)</p> <p>_____</p>																							

Deposit: Good Faith The county may require a good-faith deposit <u>before providing the public records to the requestor</u> if the entire fee estimate or charge authorized under this section exceeds \$50.00, based on a good-faith calculation of the total fee. The deposit cannot exceed 1/2 of the total estimated fee. Percent of Deposit: 50%	Date Paid:	Deposit Amount Required:

Deposit: Increased Deposit Due to Previous FOIA Fees Not Paid In Full After a county has granted and fulfilled a written request from an individual under this act, if the county has not been paid in full the total amount of fees for the copies of public records that the county made available to the individual as a result of that written request, the county may require an increased estimated fee deposit of up to 100% of the estimated fee before it begins a full public record search for any subsequent written request from that individual if ALL of the following apply: (a) The final fee for the prior written request was not more than 105% of the estimated fee. (b) The public records made available contained the information being sought in the prior written request and are still in the county's possession (c) The public records were made available to the individual, subject to payment, within the best effort estimated time frame given for the previous request. (d) Ninety (90) days have passed since the county notified the individual in writing that the public records were available for pickup or mailing. (e) The individual is unable to show proof of prior payment to the county (f) The county calculates a detailed itemization, as required under MCL 15.234, that is the basis for the current written request's increased estimated fee deposit. A county can no longer require an increased estimated fee deposit from an individual if ANY of the following apply: (a) The individual is able to show proof of prior payment in full to the county, OR (b) The county is subsequently paid in full for the applicable prior written request, OR (c) Three hundred sixty-five (365) days have passed since the individual made the written request for which full payment was not remitted to the county.	Date Paid:	Percent Deposit Required:
		Deposit Required:

Late Response Labor Costs Reduction If the county does not respond to a written request in a timely manner as required under MCL 15.235(2), the county must do the following: (a) Reduce the charges for labor costs otherwise permitted by 5% for each day the county exceeds the time permitted for a response to the request, with a maximum 50% reduction , if EITHER of the following applies: (i) The late response was willful and intentional, OR (ii) The written request included language that conveyed a request for information within the first 250 words of the body of a letter, facsimile, electronic mail, or electronic mail attachment, or specifically included the words, characters, or abbreviations for "freedom of information," "information," "FOIA" "copy", or a recognizable misspelling of such, or appropriate legal code reference for this act, on the front of an envelope, or in the subject line of an electronic mail, letter, or facsimile cover page.	Number of Days Over Required Response Time:	Total Labor Costs:
	Multiply by 5%	Minus Reduction
	= Total Percent Reduction:	= Reduced Total Labor Costs

The Public Summary of the county's FOIA Procedures and Guidelines is available free of charge from: Website: www.baycounty-mi.gov Email: foia@baycounty.net Address: 515 Center Avenue, Ste. 402, Bay City, MI 48708	Deposit Amount Required to Process:
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Payment Options:		
→ In person: Bay County Treasurer's Office, 515 Center Avenue, Suite 602, Bay City, MI 48708. → By mail: Attention FOIA Coordinator, 515 Center Avenue, Suite 402, Bay City, MI 48708. → By phone: Bay County Treasurer's Office, 989-895-4285. You will be charged a non-refundable processing fee of 3% by LexisNexis VitalCheck Network. → Online: Visit www.baycounty-mi.gov/CorporationCounsel and click on the link to PAY FOIA PROCESSING FEE . Click on the "Invoices" button & follow the prompts in the online system. Key in the 4 digit Request Number in the "Invoice or Customer Number" field. You will be charge a non-refundable processing fee of 3% by LexisNexis VitalCheck Network.		

Name:	Request Number:	Invoice Date:
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*** Total balance must be paid BEFORE records may be picked up, emailed or mailed. *** *** PLEASE INCLUDE A COPY OF THIS PAGE IF YOU ARE MAILING IN YOUR PAYMENT. THANK YOU! ***	TOTAL BALANCE DUE (-Deposit):
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Animal Services 10143000 67607	Corp. Counsel 10126600 67607	Env. Health 22161500 67607
Finance 10119100 67607	Purchasing 10123300 67607	Treasurer 10125300 67607
911 26132500 67607	Sheriff 10130100 67607	Retirement 10127000 67607
Prosecutor 10126700 67607		Env Affairs 10128700 67607
Drain Commissioner		