



MID-MICHIGAN DISTRICT HEALTH DEPARTMENT  
 FREEDOM OF INFORMATION ACT  
 STATEMENT OF FEES

<p><b>This statement reflects fees which will be charged to you in connection with your request under the Freedom of Information Act. If arrangements for personal inspection have been made, be prepared to pay for any copies desired at that time. If copies are to be mailed, please remit the required fee at this time.</b></p>		
<p><b>Date of Request:</b></p>	<p><b>Date Request Received:</b></p>	
<p><b>Requester's Name:</b></p>		
<p><b>Requester's Address:</b></p>		
<p><b>FEE CALCULATION</b></p>		
<p><b>Prepared By:</b></p>	<p><b>Date:</b></p>	
<p><b>Branch Office:</b></p>		
<p>The following fees are applicable to this request because failure to do so would result in unreasonably high costs to the agency. The nature of these cost is as follows:</p>		
<p> </p>		
<p> </p>		
<p><b>Record Search:</b></p>	<p><b>Record Examination:</b></p>	
<p><b>Review &amp; Deletion/Separation:</b></p>		
<p>Labor Costs (\$6.28 per ¼ hour):</p>	<p>Number of 1/4 hours: _____</p>	<p>\$ _____</p>
<p>Copying Costs (\$.10 per page):</p>	<p>Number of copies made: _____</p>	<p>\$ _____</p>
<p>Mailing Costs:</p>		<p>\$ _____</p>
<p>Waiver of \$20.00</p>		<p>\$ _____</p>
<p><b>TOTAL AMOUNT DUE:</b></p>		<p>\$ _____</p>
<p>Amount Due Now (50% deposit due on orders over \$50):</p>		<p>\$ _____</p>
<p>Balance Due Within 10 days After Receipt of Information:</p>		<p>\$ _____</p>
<p>(Make Checks Payable To: MMDHD (Mid-Michigan District Health Department))</p>		
<p><b>Requestor:</b> Please fill out and sign the following statement if the fee exceeds \$50 and you elect to pay only a deposit currently.</p>		
<p>I agree to pay the balance set forth above in connection with my request within 10 days after receipt of the requested information.</p>		
<p><b>Requestor's Signature:</b></p>	<p style="text-align: center;"><b>X</b> _____</p>	
<p><b>Return Copy with Remittance to:</b></p>		
<p>Administrative Services Director          Mid-Michigan District Health Department          615 N. State St., Suite 2          Stanton, MI 48888</p>		