



**BUENA VISTA CHARTER TOWNSHIP**  
 1160 S. OUTER DRIVE • SAGINAW MI 48601-6595  
 PHONE: (989) 754-6536 • FAX: (989) 755-7224  
 TDD: (989) 754-3236  
 www.bvct.org

Freedom of Information Act ("FOIA") Detailed Fee Itemization Form  
 Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231 *et seq.*

Requestor's Name \_\_\_\_\_

Requestor's address \_\_\_\_\_

FEE CALCULATION	AMOUNT
Labor costs* to search, locate and examine:  _____ Hours x \$ _____ (Hourly wage) x _____ % (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
Labor costs* for review and separation of exempt from non-exempt material:  _____ Hours x \$ _____ (Hourly wage) x _____ % (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits)	\$
Nonpaper physical media: Describe (e.g., CD's, DVD's, flash drive, etc.) and list actual costs.	\$
Duplication and publication: Describe (copying, scanning, etc.):  \$ _____ (cost per page) x _____ (number of pages)	\$
Labor costs* directly associated with duplication and publication.  _____ Hours x \$ _____ (Hourly wage) x _____ % (multiplier for fringe benefits, not to exceed 50% or actual cost of fringe benefits).	\$
Mailing: Describe and list actual costs.	\$
Less waiver for indigent persons (\$20.00)**	

Less reduction for untimely response: \$ _____ subtotal x 5% reduction per day x _____ days	\$ _____
Make check payable to Buena Vista Charter Township and mail check to: 1160 S. Outer Dr., Saginaw, MI 48601	Total Fee: \$ _____
If the total fee is more than \$50.00, you will be asked to pay a deposit of one-half of the amount of the total fee. The total fee and deposit are estimates, and your final costs may vary from these amounts.	

\*Labor costs will be calculated using the lowest paid Township employee capable of each task. If more than one hourly rate is used, they will be listed on other copies of this form.

\*\*You must submit an affidavit of indigency to qualify for this fee waiver.