



# The Library Network

## Libraries Working Together

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 Online: <http://tln.lib.mi.us>

### FREEDOM OF INFORMATION ACT

#### FEE ITEMIZATION FORM

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234 (the "FOIA" or the "Act"), the following costs will be charged for responses to FOIA requests, pursuant to the FOIA Fee Schedule adopted and periodically revised by The Library Network.

Y / N (circle one): A fee for labor cost is being charged because the failure to do so will result in unreasonably high costs to The Library Network because of the nature of the request in this particular instance. Specifically:\_\_\_\_\_.

Labor costs shall not be more than the hourly wage of The Library Network's lowest-paid employee capable of performing the labor in the particular instance, regardless of whether that person is available or actually performs the labor. Labor costs will be estimated and charged in 15-minute time increments. All partial time increments will be rounded down. No overtime will be charged unless the person making the request provides written approval. If the number of minutes is less than 15, there will be no charge. If The Library Network charges to cover or partially cover the cost of fringe benefits, it will use a number not to exceed a 50 percent multiplier to account for those benefits.

1. LABOR COST TO LOCATE		
Hourly Wage Charged = \$_____.	It is estimated to take [_____] minutes to perform this task. Time is charged in ____ increments.	<b>Subtotal Cost =</b> \$_____
OT Wages (as Stipulated by the Requestor) = \$_____.		
Total Hourly Charge = \$_____.		
or		
Hourly Wage with Fringe Benefit Cost = \$_____.		
Total Hourly and Fringe Benefit Charge = \$_____.		

2. LABOR COST TO COPY		
Hourly Wage Charged = \$_____.	It is estimated to take [_____] minutes to perform this task. Time is charged in ____ increments.	<b>Subtotal Cost =</b> \$_____
OT Wages (as Stipulated by the Requestor) = \$_____.		
Total Hourly Charge = \$_____.		
or		
Hourly Wage with Fringe Benefit Cost = \$_____.		
Total Hourly and Fringe Benefit Charge = \$_____.		

<b>3. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL</b>		
Hourly Wage Charged = \$ _____. Total Hourly Charge = \$ _____.	It is estimated to take [_____] minutes to perform this task.	<b>Subtotal Cost = \$ _____</b>
or		
Hourly Wage with Fringe Benefit Cost = \$ _____. Total Hourly and Fringe Benefit Charge = \$ _____.	Time is charged in ____ increments.	

<b>4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL</b>		
Name of contracted person or firm = _____		
Hourly Wage Charged = \$ _____. or	It is estimated to take [_____] minutes to perform this task.	<b>Subtotal Cost = \$ _____</b>
Hourly Wage with Fringe Benefit Cost = \$ _____.		
	Time is charged in ____ increments.	

<b>5. COPYING (DUPLICATION OR PRINTING) COST</b>		
Letter (8 1/2 x 11-inch, single- or double-sided): ____ cents per sheet	Number of sheets = ____	Cost = \$ ____
Legal (8 1/2 x 14-inch, single- or double-sided): ____ cents per sheet	Number of sheets = ____	Cost = \$ ____
Other paper sizes (single- or double-sided): ____ cents per sheet	Number of sheets = ____	Cost = \$ ____
Actual and most reasonably economical cost of non-paper physical digital media (or being provided to the requestor in such format as stipulated) = \$ ____ <i>Circle applicable: Disc / Tape / Drive / Other Digital Medium Cost per Item:</i>	Number of items = ____	Cost = \$ ____
		<b>Subtotal Cost = \$ _____</b>

<b>6. MAILING COST</b>		
	Number of envelope(s), package(s), stamp(s), etc.	
Cost of Envelope or Package = \$ _____	_____	Cost = \$ _____
Postage = \$ _____ per stamp.	_____	Cost = \$ _____
Postage = \$ _____ per pound.	_____	Cost = \$ _____
Postage = \$ _____ per package.	_____	Cost = \$ _____
Postal Delivery Confirmation = \$ _____.	_____	Cost = \$ _____
Expedited Shipping or Insurance, if requested = \$ _____.	_____	Cost = \$ _____
		<b>Subtotal Cost = \$ _____</b>

Affidavit of Indigency Submitted? <u>Y</u> / <u>N</u> Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? <u>Y</u> / <u>N</u>	If Yes, subtract \$20.00	(\$ _____)
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<b>TOTAL ESTIMATED FEE = \$ _____</b>		
If the estimated cost exceeds \$50.00, a good faith deposit of 50% is required before the request will be processed.	50% Deposit = \$ _____.	Date Paid = ____/____/____.
The request will be processed, but the balance of the cost must be paid before copies may be picked up, delivered, or mailed.	Balance Due = \$ _____.	Date Paid = ____/____/____.

## FOIA Cost Summary (non inclusive)

### Paper Copies (per sheet)

8 1/2" x 11" and 8 1/2" x 14" (Black & White)	\$ .10
8 1/2" x 11" and 8 1/2" x 14" (colored)	\$.25
11" x 17" (Black and White)	\$.10

### Non-Paper Physical Media

4 GB USB	\$8.50
8 GB USB	\$9.50
16 GB USB	\$13.70
32 GB USB	\$25.00
Computer Disc	\$.50
DVD	\$.50

### Labor Cost Hourly

Technical Assistant	\$14.5112 - \$17.9035
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**Paper copies:** Copies will be double-sided if available and costs less.

**Electronic copies:** There will be no charge for documents that are already available electronically or can be scanned without first printing a copy from another source or software system.

**Mailing cost:** The actual cost of mailing records in a reasonable and economical manner. The Library Network may charge for the lease expensive form of postal delivery confirmation. The Library Network will charge for costs associated with expedited shipping or insurance if specifically stipulated by the requestor.

As approved at TLN Board meeting of June 15, 2017