# Freedom of Information Act – Request Form

**Request Form**

**Requester** – Last Name ___________________________ First ___________________________

Address __________________________________________ City / State / Zip __________________________

Daytime Phone ___________________________ Email __________________________

Signature ___________________________ Today’s Date __________________________

**PLEASE NOTE:** The Freedom of Information Act (“FOIA”) may require a public body to produce copies of documents to a requester. Therefore, please provide a detailed description below of the documents you are seeking so that we may determine if we have the documents and if the FOIA allows us to give those items to you. For a copy of the Shelby Township procedures and guidelines pertaining to FOIA requests, visit our website at [http://www.shelbytwp.org/departments/human_resources/forms.html](http://www.shelbytwp.org/departments/human_resources/forms.html)

---

**FOIA Requests – Fee Schedule**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy Paper</td>
<td>$0.10 per sheet</td>
</tr>
<tr>
<td>Photo Paper</td>
<td>$1.81 per sheet</td>
</tr>
<tr>
<td>Blueprint Copy</td>
<td>$2.00 per sheet</td>
</tr>
<tr>
<td>CD’s</td>
<td>$0.12 each Vinyl CD</td>
</tr>
<tr>
<td>Sleeve</td>
<td>$0.07 each</td>
</tr>
<tr>
<td>Actual USPS Cost</td>
<td></td>
</tr>
</tbody>
</table>

**Labor** Research/Duplication/Redaction: $20.18 per hour ($16.68 wage + $3.50 fringe benefits) you will be notified prior to the processing of this request of this wage rate differs.

**Printed Aperture Cards:** $5.50 per card + labor @ $20.18/hr + $7.13 mileage. You will be required to pay the estimated cost prior to the duplication of your requested cards.

**Base fee for 1 print = $32.81 + $5.50 (each additional print)**

☐ I, the Requester, have attached an “Affidavit of Indigence” or am requesting on behalf of a qualified non-profit organization and ask the Public Body to furnish the material(s) without charge for the first $50 of the required fees.

---

**FOIA - OFFICE USE ONLY**

Date Received _______________ Date Due _______________ Extension Date _______________

Received By ___________________________ RE: (Twp Dept) __________________________

Ready Date _______________ Notified Date _______________ Finalized Date _______________

Status Notes ___________________________

---