



530 N Rose Street Kalamazoo MI 49007

www.kmetro.com

Phone 269-337-8087 Fax 269-337-8211

FOIA Fee Itemization

Person submitting the request: _____

Request date: _____

1. Labor costs: searching for, locating, and examining records

- a. Hourly wage \$ _____/hour
- b. Total hours (not counting overtime; to the nearest quarter hour; rounding down) _____
- c. Multiply hours by rate \$ _____
- d. Fringe benefit percentage _____%
- e. Fringe benefit amount (percentage times hours times wage rate) \$ _____
- f. Overtime (if requester specified)
 - i. Overtime rate \$ _____
 - ii. Overtime hours (to nearest quarter hour, rounded down) _____
- g. Total for 1 \$ _____

2. Labor costs: separating and deleting of exempt from nonexempt information, including necessary review

- a. Hourly wage \$ _____/hour
- b. Total hours (not counting overtime; to the nearest quarter hour; rounding down) _____
- c. Multiply hours by rate \$ _____
- d. Fringe benefit percentage _____%
- e. Fringe benefit amount (percentage times hours times wage rate) \$ _____

- f. Overtime (if requester specified)
- i. Overtime rate \$_____
 - ii. Overtime hours (to nearest quarter hour; rounded down) _____
- g. Contracted labor (only if no METRO employee capable of separating and deleting exempt from nonexempt information in the particular instance); requires FOIA officer decision on case-by-case basis).
- i. Firm or person name: _____
 - ii. Hourly rate (if more than six times the state minimum wage, insert six times the state minimum wage): \$_____
 - iii. Hours (increments of 15 minutes or more, partial increments rounded down): _____
 - iv. Total: _____
 - v. Deduction for redaction labor costs if METRO has previously redacted the record and still has that redacted version available: _____
 - vi. Net total: _____
- h. Total for 2 \$_____
3. Cost of non-paper copies such as computer discs, computer tapes, or other digital or similar media (not applicable if METRO does not have the necessary technological capability)
- a. Cost per disc, tape, etc. \$_____
 - b. Number of disks, tapes, etc. _____
- Total for 3 \$_____
4. Cost of paper copies (including duplication or publication, but not including labor)
- a. Cost per sheet (not more than 10¢; if sheets are provided on other than 8.5 x 11 or 8.5 x 14, insert actual cost without 10¢ per sheet maximum) \$_____
 - b. Number of sheets _____
- Total for 4 \$_____

5. Labor costs for providing copies under 3 and 4

- a. Hourly wage \$ _____/hour
- b. Total hours (not counting overtime; to the nearest quarter hour, rounding down) _____
- c. Multiply hours by number rate \$ _____
- d. Fringe benefit percentage _____%
- e. Fringe benefit amount (percentage times hours times wage rate) \$ _____
- f. Overtime (if requester specified)
 - i. Overtime rate \$ _____
 - ii. Overtime hours (to nearest quarter hour; rounded down) _____
- g. Total for 5 \$ _____

6. Mailing costs

- a. Postage \$ _____
- b. Cost for postal delivery confirmation (least expensive form) \$ _____
- c. Cost of expedited delivery (only if requester stipulates) \$ _____
- d. Insurance (only if requester stipulates) \$ _____
- Total for 6 \$ _____

LESS: 5% of labor for each day our response exceeds the FOIA deadline (up to a 50% reduction) (\$ _____)

TOTAL FEES CHARGED FOR THIS REQUEST \$ _____

Notes:

1. We will give you two separate itemizations, one for records available on our website and one for all other records.
2. If you choose to inspect records at METRO instead of requesting copies, METRO does not charge labor costs for the METRO person's time to monitor your inspection.
3. Overtime wages may not be used to calculate the cost of fringe benefits.
4. Overtime wages are not included in labor costs unless overtime is specifically stipulated by the requester and clearly noted above.
5. All hourly wages are the hourly wage of METRO's lowest-paid employee capable of performing the specified tasks, regardless of whether a person paid at that rate is actually available or actually performs the labor.