

**VAN BUREN CHARTER TOWNSHIP-FREEDOM OF INFORMATION ACT
DETAILED COST ITEMIZATION FORM**

Cost Analysis	Increments	Total
Labor (Search, Locate, Examine)*	# of Minutes _____ by Position Title: _____ _____ x Wage Rate***	
Labor (Separate/Redact)*	# of Minutes _____ by Position Title: _____ _____ x Wage Rate***	
Labor (Copying/Duplicating)*	# of Minutes _____ by Position Title: _____ _____ x Wage Rate***	
Labor (Contractor)**	# of Minutes _____ by Position Title: _____ _____ x Wage Rate****	
Other:		
Indigent Waiver (\$20)*****		
Paper Copies	# of Pages _____ _____ X Per copy Rate _____	
Non Paper Physical Media		
<i>SUBTOTAL</i>		
Mailing Cost (Actual Cost)		
Additional Fees (List Separately)		
<i>TOTAL</i>		
Please return a copy of this fee calculation with your payment to ensure proper credit. Make check or money order payable to : Van Buren Township		
Deposit (If Required)*****		
<p>*Hourly wage **Actual cost does not exceed 6X the state minimum hourly wage. ***Lowest paid Township employee's wage rate. ****Must provide proof of indigence. *****Once payment is received, we will process your request.</p>		