MACOMB COUNTY FREEDOM OF INFORMATION ACT FEE STATEMENT

If payment is requested as reflected in the accompanying letter, requested information will not be released until payment indicated below is received. Please contact the Macomb County Corporation Counsel's Office or return this form in the event you do not wish to receive the information requested. After 90 days without contact or payment, it will be presumed that you no longer wish to pursue your request.

Requestor's Name and Address:		
Labor Search and Retrieval: Reviewing and Redactio	hours x wage rate hours x wage rate	= \$00 = \$00
Duplicating/Copying Labor: Paper Electronic Media	hours x wage rate pages x \$0.10 = digital discs flash drives memory cards other	= \$00 \$00 \$00 \$00 \$00
Postage (actual cost)		\$00
		TOTAL \$00
· · · · · · · · · · · · · · · · · · ·	equested because the total cost is est ated amount is only an estimate of the final actual amount may vary.	the cost of
		DEPOSIT \$00
Make checks/money orders paya	able to the County of Macomb	
Mail checks/money orders to:	Office of the Corporation Counsel ATTN: FOIA Coordinator 1 South Main Street, 8 th Floor	

Mount Clemens, Michigan 48043