

# STATEMENT OF FEES FOR FREEDOM OF INFORMATION ACT REQUESTS

**Michigan Department of Community Health**

Date of Statement <b>1/10/2006</b>	FOIA Request No. <b>2005/984</b>
Statement: <input checked="" type="checkbox"/> <b>FIRST</b> <input type="checkbox"/> <b>FINAL</b>	
FOIA Requester Name <b>Hansen</b>	

**IMPORTANT:**

This statement shows the fees, which will be charged to you because of your request under the Freedom of Information Act. See the transaction checked below.

- Arrangements for personal inspection have been made. Photocopies are enclosed. Please send the fee (shown in item #6 below) **at this time.**
- Photocopies or Diskettes are enclosed. Please send the fee (shown in item #6 below) **at this time.**
- This Department requires a **DEPOSIT before** this request can be processed.
  - Please send the deposit (shown in item #7 below) **at this time.**
  - You will be billed for any remaining costs **PRIOR** to the materials being sent to you.
- You have already made a deposit of \$ \_\_\_\_\_, and this is the **REMAINDER** of the final cost.
  - Please send the amount (shown in item #8 below) **at this time.**
  - **You will be sent the documents AFTER the remainder of the fee has been sent.**

**INSTRUCTIONS:**

- Please make your check payable to: **"STATE OF MICHIGAN"**
- Mail a copy of this form and your check to:  
**ACCOUNTING DIVISION - FOIA**  
**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**PO BOX 30437**  
**LANSING MI 48909-7937**

**CHARGES:**       **Actual Amount**       **Estimated Amount**

1. LABOR charges for searching for, examining of, and separation of exempt materials from non-exempt materials: .....	<b>\$365.88</b>
2. DUPLICATION costs for photocopying documents or providing computer diskettes: .....	<b>\$7.50</b>
3. SHIPPING and HANDLING charges: .....	<b>\$0.00</b>
4. <b>SUB-TOTAL CHARGE:</b> (Sum of Lines 1 through 3) .....	<b>\$373.38</b>
5. Indigent Waiver Credit (minus \$20.00 if applicable) .....	<b>\$</b>
6. <b>NET TOTAL CHARGE:</b> (Line 4 minus Line 5) .....	<b>\$373.38</b>
7. <b>DEPOSIT REQUIRED NOW</b> (if any):.....	<b>\$</b>
8. <b>REMAINDER REQUIRED NOW:</b> (Line 6 minus Line 7) .....	<b>\$373.38</b>

***For Department of Community Health Office Use Only***

Agency Code <b>391</b>		Index <b>68100</b>	Name of FOIA Coordinator or Representative Mary A. Greco FOIA 2005/984
PCA <b>01110</b>	Object Code <b>7612</b>	Amount <b>\$</b>	Return To: Department of Community Health 320 S. Walnut - Cashiering Div Lansing, Michigan 48933
PCA	Object Code	Amount <b>\$</b>	

The Department of Community Health is an equal opportunity employer, services, and programs provider.