FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM

INFORMATION NEEDED FROM: (Dept.)		
Name of Public Body: **Charter Township of West Bloomfield**		
APPLICANT REQUESTING INFORMATION		
Name:	Address: _____ _____ _____ City Zip	Phone:
Description of Public Records Requested:		
NATURE OF REQUEST (Check one)		
_____ Provide copy of requested public records	_____ Provide a certified copy of requested public records	_____ Allow an opportunity to inspect the requested public records prior to making copies
I understand that the public body may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating and deleting exempt information. **Please see reverse side for fees**		
Date	Signature	

(over)

WEST BLOOMFIELD TOWNSHIP
FREEDOM OF INFORMATION ACT
FEE SCHEDULE

Black & White Copies:	**$ 1.00 for the first page** **.25 for each additional page**
Certified Copy:	**$ 10.00 additional fee**
Color Copies:	**$ 1.50 for the first page** **.35 for each additional page**
Copies of Plans:	**$10.00 per page**

Digital Recordings of Meetings:

DVD - $15.00
USB stick - $20.00
CD - $10.00

Pursuant to the Freedom of Information Act, the Township may charge a fee for the labor and costs of a FOIA search, examination, review and deletion of exempt material. The fee is based on the rate of the lowest paid township employee capable of retrieving the information and the cost of the labor incurred in duplicating, mailing, examining, reviewing, separating and deleting exempt material.