FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM

INFORMATION NEEDED FROM		
Name of Public Body:		
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
DATE INFORMATION NEEDED		
I agree that the public body may respond to my request by:		
PAYMENT		
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.		
Date	Signature	

WEST BLOOMFIELD TOWNSHIP
FREEDOM OF INFORMATION ACT
FEE SCHEDULE

Black & White Copies: **$ 1.00 for the first page**
.25 for each additional page

Color Copies: **$ 1.50 for the first page**
.35 for each additional page

Copies of Plans: **$10.00 per page**

Recordings: **$ 10.00 for audio tapes of meetings**

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.