CITY OF MELVINDALE, MICHIGAN
Freedom of Information Act:
APPLICATION FOR COPIES OF PUBLIC RECORDS

PHONE: (313) 429-1040   *FAX: (313) 383-3993*

A copy of the City of Melvindale's FOIA Procedures and Guidelines and Written Public Summary can be found at www.melvindale.org

Item(s) Requested: Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request:

_____
_____
_____
_____
_____

*****NOTE*****	**Please submit requests for records pertaining to the Melvindale Fire Station with the City of Dearborn on their Request for Public Records form which can be found under "online services" on their website at: www.cityofdearborn.org**

Number of copies: _____

Instructions: (Circle One)   CALL when ready   MAIL the information (extra fee)
                                               OTHER _____

I understand the City of Melvindale may take 10 additional business days, if necessary, to fill my request. If it is determined that some or all of the materials which I have requested may not be disclosed, I will receive a reason for denial and explanation of my right to appeal. I also understand that I may be charged with costs associated with this request, unless I provide documentation showing that I am receiving public assistance or other facts showing inability to pay due to indigence. I understand I am required to pay the amount due before receiving the information.

_____   _____
         Signature of Applicant   *Date*

_____
         Print Name

_____
Address (Street, City, State, and Zip Code)

_____
(Area Code)   Phone Number

****
Department use only

DATE/TIME RECEIVED_____   TOTAL COST CALCULATIONS $_____
                                                                              (*From Attachment A*)

COST CALCULATIONS

1. **Labor Costs-**
   Search, Location and
   Examination Of Records   \$_____per hour/4=\$_____   _____15 min increments X \$_____ = \$_____

                                                        (Hourly wage divided by 4 to determine   *(Number of 15 min rounded down)*
                                                        charge per 15 min increments)

2. **Employee Labor Costs-**
   Redaction   \$_____per hour/4=\$_____   _____15 min increments X \$_____ = \$_____

3. **Non-Paper Physical Media:**   Flash Drives   \$_____X number used_____= \$_____
   (Actual and most reasonably
   Economical cost of the following)   Computer Discs   \$_____X number used_____= \$_____

                                    Other Media   \$_____X number used_____= \$_____   **Total Media** = \$_____

4. **Paper Copies:**
   (Not including labor)   Letter paper (8 ½" x 11")   Number of sheets _____x \$__.____= \$_____

                            Legal paper (8 ½" x 14")   Number of sheets _____ x \$__.____= \$_____

                            Other Paper:_____   Number of sheets _____ x \$__.____ = \$_____

                                                                      Total Copies Cost = \$_____

5. **Duplication Copying,**
   And transferring records to
   Non-paper physical media   \$_____per hour/4=\$_____   _____15 min increments X \$_____   =   \$_____

                                                                 SUBTOTAL   =   **\$_____**
                                                                   (Before mailing)

6. **Mailing (optional)**   Cost of Mailing   \$_____
   (Actual cost of mailing records
   In a reasonable and economical   Cost of expedited shipping or insurance
   Manner)   only if specially stipulated by the requestor: \$_____   **Total mailing** = \$_____

                                                                  SUBTOTAL   **\$_____**

   Waivers and   Subtract any Fee Waiver or Reduction: *(Includes mailing)*
   Reductions   (\$20.00 for indegency or nonprofit organization
                            as further described in Melvindale FOIA
                            Procedures and Guidelines.)

                            Reduction amount due to any late response by
                            The City of Melvindale
                            5% of fee x _____days late=_____% reduction
                            (maximum reduction is 50%)   -\$_____

   Deposit   **Subtract any good-faith deposit received:**   **-\$_____**

                                                    Total Reductions   **-\$_____**

   Send total amount due to: **City of Melvindale**
                                   City Clerk's Office
                                   3100 Oakwood Blvd, Melvindale, MI 48122   **TOTAL DUE**   **\$_____**