

[YOUR TOWNSHIP / CITY / VILLAGE]

[Mailing Address] · [City, MI ZIP] · [Phone] · [Website]

FOIA Coordinator: [Name] · [Email]

[Date]

[Requester Name]

[Requester Address Line 1]

[Requester City, State ZIP]

Re: FOIA Fee Estimate — [Reference No.]

Dear [Requester Name],

This letter provides a good-faith fee estimate for fulfilling your public records request received on [Date Received], pursuant to MCL 15.234.

ITEMIZED ESTIMATE

Labor (search, review, separation): [N hours] × \$[hourly rate] = \$[Amount]

Duplication: [N pages] × \$[per-page rate] = \$[Amount]

Mailing / delivery: \$[Amount]

Total estimated fee: \$[Amount]

Required deposit

Pursuant to MCL 15.234(8), [Your Township / City / Village] requires a good-faith deposit of \$[deposit amount, up to 50% of estimate] before processing your request. Please remit payment to the address above by [Deposit Due Date, typically 28 days from this notice]. If payment is not received by that date, your request will be considered withdrawn.

The estimate above is a good-faith projection. The final invoice will reflect actual costs, which may be higher or lower depending on the volume of responsive records and the time required to process them. If actual costs exceed the estimate by more than 10%, our office will notify you and obtain your authorization before continuing.

If you wish to modify, reduce, or withdraw your request to lower the fee, please contact our office at the phone or email above.

Sincerely,

[FOIA Coordinator Name]

[Title]

[Your Township / City / Village]