

City of Holland
Freedom of Information Act Response Summary

THE RECORDS YOU REQUESTED HAVE BEEN:

- Granted
- Granted in part and denied in part. Portions of your request are exempt from disclosure based on provisions set forth in the ACT (See comments on back side of form).
- Denied. (See comments on back side of this form).
- Under PA 1976, 442, 15.235, Sec. 5(2)(d), an extension of ten business days is required to comply with your request.

APPEAL RIGHTS:

In the event that all or part of your request is denied, you may take either of the following actions:

1. Submit to the City Manager a written appeal that specifically states the word "APPEAL" and identifies the reason or reasons for reversal of the disclosure denial, or
2. Seek judicial review of the denial under Section 10 of the Freedom of Information Act.

Employee Expense Table

The following rates include the hourly wage + the cost of fringe benefits (not to exceed 50% of the hourly wage). The cost of the lowest paid employee capable of completing the requested work will be placed in the expense worksheet below.

Office/Clerical Staff:	\$ /hour +	%=	\$ / hour
Department Assistant:	\$ /hour +	%=	\$ / hour
Administrative Assistant	\$ /hour +	%=	\$ / hour
Department Director:	\$ /hour +	%=	\$ / hour

Expense Worksheet

All Labor costs will be estimated and charged in 15 minute increments, with all partial time increments rounded down. If the time involved is less than 15 minutes, there will be no charge.

- 1: Labor Cost- Search, location, and examination of records: _____ hour(s) X _____ per hour = \$ _____
- 2: Labor Reduction _____ hour(s) X _____ per hour = \$ _____
- 2A: Contracted Labor Cost- Redaction _____ hour(s) X _____ per hour = \$ _____
Firm Contracted _____
- 3: Computer Discs _____ each X times number used = \$ _____
Other Media: _____ each X times number used = \$ _____
- 4: Paper Copies .10 cents X number of sheets _____ = \$ _____
- 5: Labor Cost – Duplication of Copying: _____ hour(s) X _____ per hour = \$ _____
- 6: Cost of Mailing \$ _____
- Subtotal: If the subtotal is less than \$10.00, the City will not charge for this request. \$ _____**
- Waivers and reductions: \$20.00 for indigence or nonprofit organization \$ _____

Approved By: _____ Date: _____

_____ Date: _____

SIGNATURE OF PERSON PICKING UP REPORT