



Freedom of Information Request

Date of Request: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Information requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**To be completed by Hudson City Hall:**

Date Requester notified:

Amount Collected: \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_

FOIA released:      Yes    or    No

FOIA reviewed and authorized by Hudson City Manager

Date

## FOIA Fee Itemization Form

### Component 1. Labor costs search, location, and examination of records

Enter the hourly wage of the lowest paid employee capable of performing the search, location and examination	\$26.66 Per hour	Total
Multiply the hourly wage by the fringe benefit multiplier of 150%	\$40.00	
Divide the resulting hourly wage by Four (4) to determine the charge per Fifteen (15) minute increment.	\$10.00	
Number of 15-minute increments (partial time increments must be rounded down) multiplied by the permitted rate.	\$10.00 x _____	\$

### Component 3. Non-paper physical media

Actual and most reasonably economical cost of:	Sub Total	Total
\$ _____ Flash Drives (x) number used	\$ _____	
\$ _____ Computer Disc (x) number used	\$ _____	
\$ _____ Other Media (x) number used	\$ _____	
Total of Subtotal (carry to Total column)	\$ _____	\$ _____

### Component 4. Paper copies

Actual total incremental cost of duplication (not including labor) up to a maximum of 10 cents per page	\$0.10 x _____	Total \$ _____
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### Component 5. Labor costs duplication, copying, and transferring records to non-paper physical media

Enter the hourly wage of the lowest paid employee capable of performing the search, location and examination	\$26.66 Per hour	Total
Multiply the hourly wage by the fringe benefit multiplier of 150%	\$40.00	
Divide the resulting hourly wage by Four (4) to determine the charge per Fifteen (15) minute increment.	\$10.00	
Number of 15-minute increments (partial time increments must be rounded down) multiplied by the permitted rate.	\$10.00 x _____	\$ _____

### Waivers and Reductions

Subtract any fee waiver or reduction: <input type="checkbox"/> \$20 for indigency or nonprofit organizations <input type="checkbox"/> Any amount determined to be in the public interest <input type="checkbox"/> The reduction amount due to the late response of the public body _____ Days late (X) 5%	Sub Total	Total  \$ _____
Total expenses to be billed to requester		Grand Total  \$ _____