

FEES/CHARGES FOR PUBLIC RECORDS REQUEST

Date of Request: _____

Item/s Requested: _____

Requestor's Name (optional) _____

Organization: _____ Telephone () _____

Address: _____

Approval from Public Affairs (if applicable): By: _____ Date: _____

COST OF COPIES:

No. of Single-sided copies _____ x \$0.15 = \$ _____

No. of Double-sided copies _____ x \$0.20 = \$ _____

LABOR COSTS INCLUDING FRINGES – This section applies to any labor over 20 minutes.

For MDAD employees, multiply 1.40 by the hourly rate, by the number of hours worked.

For temporary agency employees, use the agency hourly billing rate and multiply it by the hours worked.

Name of employee(s) _____

No. of Hours _____ x Rate per hour _____ \$ _____

No. of Hours _____ x Rate per hour _____ \$ _____

TOTAL AMOUNT DUE: \$ _____

Date completed: _____

Verified by Division Manager or Designee (print) _____

Copies received by: _____ Date: _____