

**FEES/CHARGES FOR PUBLIC RECORD REQUESTS**

**Date of request:** \_\_\_\_\_

**List items requested:** \_\_\_\_\_

**Requestor's name (optional):**

**Organization:** \_\_\_\_\_ **Telephone no. ( )** \_\_\_\_\_

**Approval from Public Affairs (if applicable):** By \_\_\_\_\_ **Date:** \_\_\_\_\_

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**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.**

**Name of the employee(s):** \_\_\_\_\_

**No. of hours:** \_\_\_\_\_ x **Rate per hour: \$** \_\_\_\_\_ **Total: \$** \_\_\_\_\_

**No. of hours:** \_\_\_\_\_ x **Rate per hour: \$** \_\_\_\_\_ **Total: \$** \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**Verified by Division Manager or Designee (print):** \_\_\_\_\_

**Copies received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_