FOIA Request Form – Schoolcraft Conservation District

Name:	Date:
Address:	
Email:	Phone:

Information Requested: Photocopies or Electronic files?

For Staff Use Only

Request Received by:	Estimated Cost:	Date:
Deposit: $_____	Payment Method: _____	Receipt # _____
Date Information Provided:	Format:	

Labor					
# of Hours:		Hourly Rate:		Total for Labor:	$ _____
Photocopies					
# of Copies:		Cost per Copy:		Total for Copies:	$ _____
Mileage					
# of Miles:		Cost per Mile:		Total for Mileage:	$ _____
Other:					$ _____
Postage:					$ _____
Total:					$ _____
Less Deposit:					$ _____
Balance Due:					$ _____