

**CITY OF DETROIT GENERAL RETIREE HEALTH CARE TRUST**  
**FREEDOM OF INFORMATION REQUEST FORM**

Pursuant to the Michigan Freedom of Information Act (P.A. 442 of 1976, as amended), I hereby request to be:

Please check one:

Provided with copies of the records described below ☐

Permitted to review copies of the records described below ☐

Documents Requested:

I understand that if I would like the records described above provided on non-paper physical media (computer disc, computer tapes, or other digital or similar media) or electronically mailed to me in lieu of paper copies, I must so indicate. I also understand that the records will be provided to me on non-paper physical media as long as that the RHC Trust has the technological capability necessary to provide the records on the particular non-paper physical media.

I understand that in requesting copies of these records, I am responsible for all reasonable costs associated with the document search, examination, review, redaction and copying fees, not to exceed limits set forth in MCLA 15.234, and will remit to the City of Detroit General Retiree Health Care Trust ("RHC Trust") all such costs on or before the date of delivery. Payment of this fee becomes an obligation and is guaranteed by me to the RHC Trust as of the date of filing this request regardless of whether I ever pick up the materials ordered in this request, or the material exceeds my anticipated volume. I further agree to remit a deposit in the amount of one-half the estimated fee at the time of making this request, in the event the estimated fee exceeds \$50.00. I understand that certain material which I have requested may not exist altogether, not exist in the RHC Trust's file under the name or description which I have provided, or may be exempt from release pursuant to the provisions of the Act and that I will be so advised by the RHC Trust should that be the case. I also understand that some of the documents (or portion thereof), which I have requested may contain information or other material which is exempt from release and may therefore be deleted.

I understand the RHC Trust must respond to my request within five (5) business days after my request is received and that because of the nature of my request or the volume of documents requested, additional time may be required to locate and copy the materials. Accordingly, pursuant to Section 5(2)(d) of the P.A. 442 of 1976 (MCL 15.234), if requested to do so, I agree to an extension of ten (10) additional business days to produce the documents.

I understand that the records requested shall be furnished without charge for the first \$20.00 if I provide an affidavit and declare that I am indigent or represent a non-profit organization operating under PL 106-402 as specified in Section 4(2) of P.A. 442 of 1976, as amended.

Pursuant to Section 4(4) of the P.A. 442 of 1976 (MCL 15.234), the RHC Trust maintains a summary of its policy, procedures and guidelines for FOIA requests on the RHC Trust's website at: <https://www.ourbenefitoffice.com/mydetroitretireebenefits/Benefits/>.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

City of Detroit General Retiree Health Care Trust  
Attn: FOIA Coordinator  
P.O. Box 4955  
Troy, Michigan 48099-4955

## **FOIA RESPONSE & FEE SUMMARY**

Name of Person Requesting Information: \_\_\_\_\_

Date submitted to the FOIA Coordinator: \_\_\_\_\_

5 day due date: \_\_\_\_\_

10 day due date: \_\_\_\_\_

Pursuant to Section 4(1) of the FOIA (MCL 15.234), the Board of Trustees may recoup the labor costs of search, duplication, mailing, labor, redaction, etc., in responding to your request. With respect to your request for said information, you will be responsible for actual duplication costs including, but not limited to copying costs of not more than \$0.10 per page.

Below, please find a detailed itemization of the fees charged that lists and explains the charges of the 6 fee components listed in Section 4(1) of the P.A. 442 of 1976 (MCL 15.234).

### **LABOR COSTS**

**Search Cost:** \$\_\_\_\_\_ (\$ \_\_\_\_\_ per hour; \_\_\_\_ # of hours)

The portion of the labor costs associated with the necessary search, location and examination of the requested public records, at a cost of the hourly wage of the lowest-paid employee capable of searching for, locating, and examining the requested records. Labor costs for this portion of the fee are charged in 15 minute increments, with all partial time increments rounded down. If stipulated by the requester, the RHC Trust may add the hourly overtime wage increment (not included in the calculation of fringe benefit costs).

**Review & Redaction Costs:** \$\_\_\_\_\_ (\$ \_\_\_\_\_ per hour; \_\_\_\_ # of hours)

The portion of the labor costs directly associated with the separating and deleting of exempt information from non-exempt information, at a cost of the hourly wage of the lowest-paid employee capable of separating and deleting exempt information from non-exempt information. Labor costs for this portion of the fee are charged in 15 minute increments, with all partial time increments rounded down.

**Contracted Review & Redaction Costs:** \$\_\_\_\_\_ (\$53.40 per hour; \_\_\_\_ # of Hours)

**Name of Contractor:** \_\_\_\_\_

The cost of necessary contracted labor costs used for the separating and deleting of exempt information from non-exempt information at an hourly cost not exceeding an amount equal to 6 times the state's legal minimum hourly wage rate (i.e.  $\$8.90 \times 6 = \$53.40$ ).

**Duplication Costs:** \$\_\_\_\_\_ (\$ \_\_\_\_\_ per hour; \_\_\_\_ # of hours)

The portion of the labor costs directly associated with the duplication or publication, including making paper or digital copies and transmitting those duplications, of the public records, at a cost of the hourly wage of the lowest-paid employee capable of searching for, locating, and examining

the requested records. Labor costs for this portion of the fee are charged in 15 minute increments, with all partial time increments rounded down. If stipulated by the requester, the RHC Trust may add the hourly overtime wage increment (not included in the calculation of fringe benefit costs).

**Fringe Benefit Costs:** \$\_\_\_\_\_ (\$\_\_\_ daily fringe benefit value x \_\_\_ multiplier)

The RHC Trust may add up to 50% to the applicable labor charge to cover or partially cover the cost of fringe benefits. Subject to the 50% limitation, the RHC Trust shall not charge more than the actual cost of fringe benefits. Overtime wages shall not be used in calculating fringe benefits. If the RHC Trust has provided the applicable website address for a record in its written response and the requester thereafter requests that the public record be provided in a paper format or other form, the RHC Trust may utilize a fringe benefit multiplier greater than the 50% limitation, but not to exceed the actual costs of providing the information as requested.

**Subtotal Labor Costs:** \$\_\_\_\_\_

#### **NON-LABOR COSTS**

**Non-Paper Media Cost:** \$\_\_\_\_\_

The actual and most reasonably economical cost of computer discs, computer tapes, or other digital or similar media.

**Copying Cost:** \$\_\_\_\_\_ ( \_\_\_ @ \$0.10 per page)

Utilizing the most economical means available for making copies of the requested public records.

**Cost of Mailing:** \$\_\_\_\_\_

The actual cost of mailing for sending the public records in a reasonably economical and justifiable manner.

**Subtotal Non-Labor Costs** \$\_\_\_\_\_

+

**Subtotal Labor Costs** \$\_\_\_\_\_

**Total Costs** \$\_\_\_\_\_

-

**Deposit Paid (if any)** \$\_\_\_\_\_

<b><u>Total Amount Payable to the RHC Trust</u></b> \$_____
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## **FOIA RESPONSE FEE ESTIMATE**

Name of Person Requesting Information: \_\_\_\_\_

Date submitted to the FOIA Coordinator: \_\_\_\_\_

5 day due date: \_\_\_\_\_

10 day due date: \_\_\_\_\_

Best efforts estimate when records will be available: \_\_\_\_\_

Pursuant to Section 4(1) of the FOIA (MCL 15.234), the Board of Trustees may recoup the labor costs of search, duplication, mailing, labor, redaction, etc., in responding to your request. With respect to your request for said information, you will be responsible for actual duplication costs including, but not limited to copying costs of not more than \$0.10 per page.

Based on the nature of your request it is anticipated that the total fee to be charged in responding to your request will exceed \$50.00. Accordingly, the Board of Trustees requires a good faith deposit of [50% or 100%] of the total estimated fee before providing the requested records. Below, please find a detailed itemization of the estimated fees that lists and explains the charges of the six (6) fee components listed in Section 4(1) of the P.A. 442 of 1976 (MCL 15.234).

### **LABOR COSTS**

**Estimated Search Cost:** \$\_\_\_\_\_ (\$\_\_\_\_\_ per hour; \_\_\_\_ # of hours)

The portion of the labor costs associated with the necessary search, location and examination of the requested public records, at a cost of the hourly wage of the lowest-paid employee capable of searching for, locating, and examining the requested records. Labor costs for this portion of the fee are charged in 15 minute increments, with all partial time increments rounded down.

**Estimated Review & Redaction Cost:** \$\_\_\_\_\_ (\$\_\_\_\_\_ per hour; \_\_\_\_ # of hours)

The portion of the labor costs directly associated with the separating and deleting of exempt information from nonexempt information, at a cost of the hourly wage of the lowest-paid employee capable of separating and deleting exempt information from nonexempt information. Labor costs for this portion of the fee are charged in 15 minute increments, with all partial time increments rounded down.

**Estimated Contracted Review & Redaction Cost:** \$\_\_\_\_\_ (\$53.40 per hour; \_\_\_\_ # of Hours)

**Name of Contractor:** \_\_\_\_\_

The cost of necessary contracted labor costs used for the separating and deleting of exempt information from nonexempt information at an hourly cost not exceeding an amount equal to 6 times the state's legal minimum hourly wage rate.

**Estimated Duplication Cost:**        \$\_\_\_\_\_ (\$ \_\_\_\_\_ per hour; \_\_\_\_ # of hours)

The portion of the labor costs directly associated with the duplication or publication, including making paper or digital copies and transmitting those duplications, of the public records, at a cost of the hourly wage of the lowest-paid employee capable of searching for, locating, and examining the requested records. Labor costs for this portion of the fee are charged in 15 minute increments, with all partial time increments rounded down.

**Estimated Fringe Benefit Cost:**    \$\_\_\_\_\_ (\$\_\_\_\_ daily fringe benefit value x \_\_\_\_ multiplier)

The RHC Trust may add up to 50% to the applicable labor charge to cover or partially cover the cost of fringe benefits. Subject to the 50% limitation, the RHC Trust shall not charge more than the actual cost of fringe benefits. Overtime wages shall not be used in calculating fringe benefits. If the RHC Trust has provided the applicable website address for a record in its written response and the requester thereafter requests that the public record be provided in a paper format or other form, the RHC Trust may utilize a fringe benefit multiplier greater than the 50% limitation, but not to exceed the actual costs of providing the information as requested.

**Total Estimated Labor Cost:**        \$\_\_\_\_\_

### **NON-LABOR COSTS**

**Estimated Non-Paper Media Cost:** \$\_\_\_\_\_

The actual and most reasonably economical cost of computer discs, computer tapes, or other digital or similar media.

**Estimated Copying Cost:**            \$\_\_\_\_\_ ( \_\_\_\_ @ \$0.10 per page)

Utilizing the most economical means available for making copies of the requested public records.

**Estimated Cost of Mailing Cost:**    \$\_\_\_\_\_

The actual cost of mailing for sending the public records in a reasonably economical and justifiable manner.

**Subtotal Estimated Non-Labor Costs**        \$\_\_\_\_\_

+

**Subtotal Estimated Labor Costs**            \$\_\_\_\_\_

**Total Estimated Costs**                        \$\_\_\_\_\_

**Total Good Faith Deposit Required**        \$\_\_\_\_\_ (Total Estimated Fee × 50% (0.50))