**FOIA Request Form – Berrien Conservation District** Name: Date: Address: Phone: Email: 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:

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Postage:

Less Deposit:

Balance Due:

Total: