

**ALPENA COMMUNITY COLLEGE
FREEDOM OF INFORMATION ACT REQUEST
DETAILED COSTS ITEMIZATION**

REQUESTER INFORMATION: _____

NAME: _____

ADDRESS: _____

PHONE NO. _____ EMAIL: _____

DATE REQUEST RECEIVED: _____

DETAILED COSTS ITEMIZATION: See Summary Below and Attached Itemization

DATE DETAILED COSTS ITEMIZATION MAILED: _____

ESTIMATE \$ _____

FINAL COST \$ _____ (NOT TO EXCEED 105% OF ESTIMATE)

REQUEST NUMBER	COST	50% DEPOSIT	BALANCE DUE UPON DELIVERY OF DOCUMENTS
TOTAL			

Note: When separate requests are received at one time, attach separate FOIA DETAILED COSTS ITEMIZATION FORM for each separate request and insert the total for each separate request above