

**ST. JOHNS POLICE DEPARTMENT  
FREEDOM OF INFORMATION ACT  
FEE CALCULATION FORM**

**File #/Requestor Name:**

| Estimated Costs                     |  | Total | Actual Costs                           |  | Total |
|-------------------------------------|--|-------|--|--|-------|
| Labor (Search, Locate, Examine)*    | # of Hours ___ x<br>Wage Rate _____    |       | # of Hours ___ x<br>Wage Rate _____    |  |       |
| Labor (Separate/Delete)*            | # of Hours ___ x<br>Wage Rate _____    |       | # of Hours ___ x<br>Wage Rate _____    |  |       |
| Labor (Contractor)**<br>Name _____  | # of Hours ___ x<br>Wage Rate _____    |       | # of Hours ___ x<br>Wage Rate _____    |  |       |
| Nonpaper Physical Media             |  |       |  |  |       |
| Paper Copies                        | # of Pages ___ x<br>Copying Rate _____ |       | # of Pages ___ x<br>Copying Rate _____ |  |       |
| Labor (Duplicating)*                | # of Hours ___ x<br>Wage Rate _____    |       | # of Hours ___ x<br>Wage Rate _____    |  |       |
| Other _____                         |  |       |  |  |       |
| Indigent Waiver (\$20)***           |  |       |  |  |       |
| <b>SUBTOTAL</b>                     |  |       |  |  |       |
| Mailing                             | Actual Cost                            |       | Actual Cost                            |  |       |
| Additional Fees (listed separately) |  |       |  |  |       |
| <b>TOTAL</b>                        |  |       |  |  |       |
| 50% Deposit Due****                 |  |       |  |  |       |

**Part or all of the documents requested are available online at:**

**Cost to provide the online documents in paper form is \$\_\_\_\_\_. If you prefer to have these documents mailed, please forward payment and a copy of this form to the St. Johns Police Department for processing. This will result in a new request.**

**Return a copy of this fee calculation with your payment to ensure proper credit. Make check or money order payable to St. Johns Police Department.**

\*Cost includes hourly wage and up to 50% of fringe benefits. If additional costs need to be included for a different wage, this will be provided on an additional document.  
 \*\*Actual cost does not exceed 6x the state minimum hourly wage.  
 \*\*\*Must provide proof of indigence.  
 \*\*\*\* Once payment is received, the St. Johns Police Department will process your request.