FOIA FEE ESTIMATE TABLE

FOIA Control Number: _____	Estimated Search Time (Hours)	Estimated Review Time (Hours)	Estimated Other Time * (Hours)
_____ **NAME:** ☐ **Searcher** ☐ **Reviewer** (Grade Level) _____ (Office)(Phone Number)			
_____ **NAME:** ☐ **Searcher** ☐ **Reviewer** (Grade Level) _____ (Office) (Phone Number)			
_____ **NAME:** ☐ **Searcher** ☐ **Reviewer** (Grade Level) _____ (Office) (Phone Number)			
_____ **NAME:** ☐ **Searcher** ☐ **Reviewer** (Grade Level) _____ (Office) (Phone Number)			

RECOMMENDATION: ☐ **Release** **ESTIMATED NO. OF PGS (include 8½ x 11, 8½ x 14, 11 x 17):**_____

☐ **Withhold** **ESTIMATED NO. OF PGS (include 8½ x 11, 8½ x 14, 11 x 17):**_____

ESTIMATED NUMBER, TYPE, AND COST OF OTHER COPIES:

	NUMBER	**COST**
Maps	_____	_____
Photos	_____	_____
Color Copies	_____	_____
Other (describe)	_____	_____

* **Other Time**: Specify copying, conference/telephone calls, meetings, etc.

Attachment 3