

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE

THOMAS GORALSKI
CHIEF OF POLICE



MAUREEN MILLER BROSNAN
MAYOR

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October 27, 2026

Chance Ackley-Smith

Ref: Our file number 2174-26

Dear Requester,

Your request is estimated at 20.0 hours to retrieve and redact for separation of exempt information from non-exempt. Because we estimate your fee to be approximately \$754.60, we will require a good faith deposit in the amount of \$377.30 before we will commence processing your request.

Your deposit is due by January 8th, 2027, for your request to remain valid. After January 8th, 2027, the Freedom of Information request is considered abandoned and will be closed out. If you wish to alter the scope of your request to meet your informational needs at a lower cost, please advise this office in writing at your earliest opportunity.

For the Chief of Police,

Keeper of the Records

LIVONIA POLICE FREEDOM OF INFORMATION ACT
FEE CALCULATION FORM

FOIA Request **CHANCE ACKLEY-SMITH 2174-26(F)**

COSTS	ESTIMATED	Total	ACTUAL	Total
Labor (Search, Locate, Examine)*	# of Hours <u>5.00</u> x Wage Rate \$ <u>50.23</u>	\$ 251.15	# of Hours _____ x Wage Rate \$ _____	\$ 0.00
Labor (Separate/ Delete)*	# of Hours <u>15.00</u> x Wage Rate \$ <u>33.23</u>	\$ 498.45	# of Hours _____ x Wage Rate \$ _____	\$ 0.00
Labor (Contractor)** Name _____	# of Hours _____ x Wage Rate \$ <u>32.64</u>	\$ 0.00	# of Hours _____ x Wage Rate \$ _____	\$ 0.00
Non-paper Physical Media	# of Hours _____ x Wage Rate \$ <u>32.64</u>	\$ 0.00	# of Hours _____ x Wage Rate \$ _____	\$ 0.00
Paper Copies	\$.02/each <u>0.02</u> *	\$ 0.00	<u>0.02</u> *	\$ 0.00
Labor (Duplicating)*	# of Hours _____ x Wage Rate \$ <u>32.64</u>	\$ 0.00	# of Hours _____ x Wage Rate \$ _____	\$ 0.00
Indigent Waiver (\$20)***		\$ 0.00		\$ 0.00
Other	UD-10 0 \$ Thumb Drive 1 \$ 5.00		UD-10 1 \$ Thumb Drive 1 \$	
	SUBTOTAL	\$ 754.6	SUBTOTAL	\$ 0.0
Mailing/Postage				
Additional Fees (List Separately)		\$ 0.0	Less Deposit	\$
		\$ 754.6	Balance DUE	\$ 0.0
50% Deposit Due****		\$ 377.3		
For additional information regarding the Freedom of Information Act Procedures & Guidelines visit http://livoniapd.com/bureaus/central-records .				
Return a copy of this fee calculation with your payment to ensure proper credit. Make check or money order payable to LIVONIA POLICE .				
*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 Agency will process your request.				