

Lakehead

UNIVERSITY

Departmental Fee Estimate for Work Performed in Response to a Request for Information under FIPPA

Request No.: _____

Please return this estimate to the Office of Risk Management and Access to Information ATAC 4007/ 4010, (telephone: 343-8518, e-mail: mshaw1@lakeheadu.ca) no later than: _____.

Short Description of Request:

If the cost of an access request will be more than \$25, the University is required to provide a fee estimate to the requester. (\$25 = approx. 1 hour of search time or 125 pages of photocopying)

Please provide the Director of Risk Management and Access to Information with the following estimates:

1. Number of person hours to locate _____ Electronic Records
_____ Paper Records
_____ Email
2. Number of Photocopies that will have to be made _____
3. Number of hours to review records / highlight possible exemptions _____

Department: _____

Date Returned: _____

Useful Information:

- A file folder (1" deep) will contain 150-200 pieces of paper
- Time allowed for 'reviewing / highlighting' is 3 minutes per page