Holton Public Schools
"Rooted in Community, Reaching for Excellence"

Elementary Office – (231) 821-1825 ● Middle School Office – (231) 821-1775
High School Office – (231) 821-1725 ● Athletic Office – (231) 821-1742

Appendix C – FOIA Standard Form for Detailed Itemization of Fee Amounts

If payment is required as indicated in the accompanying letter, the requested information will not be released until the payment described below is received by the District. Please contact the FOIA coordinator using the contact information below, or return this form, if you decide that you do not wish to receive this information. After 90 days, it will be assumed by the District that you no longer require the requested documents.

REQUESTOR'S NAME AND ADDRESS:	
BILL CALCULATION	**AMOUNT**
LABOR: Searching for, locating, and examining the material: No. of Hours: _____ X Wage Rate (including up to 50% for fringes) _____ Reviewing the material, including separating exempt from non-exempt material: No. of Hours: _____ X Wage Rate (including up to 50% for fringes) _____ *Labor will be calculated in 15 minute increments (rounded down).	$_____
POSTAGE: (Actual Cost)	$ _____
DUPLICATING: Labor: No. of Hours _____ X Wage Rate (including up to 50% for fringes) _____ Paper: No. of Pages: _____ X Copying Rate $ .10 per page (two-sided) *Labor will be calculated in 15 minute increments (rounded down).	$ _____
NON PAPER PHYSICAL MEDIA: Describe (e.g. CD's, DVD's, flash drives, etc.)	$ _____
Please make a check (business/personal) or money order payable to: Holton Public Schools Please mail your check/money order to: Holton Public Schools Attention: FOIA Coordinator 6500 Fourth St. Holton, MI 49425 **Please return a copy of this invoice with your payment.**	Total Cost: $ _____
PLEASE NOTE: IF A DEPOSIT IS REQUESTED, (TOTAL IS GREATER THAN $50.00), THE INDICATED AMOUNT IS AN ESTIMATE OF THE COST OF COMPLYING WITH YOUR REQUEST. THE ACTUAL COST MAY VARY FROM THIS AMOUNT.	Deposit Amount: $ _____
FOR INTERNAL USE ONLY	**Balance to be Paid**
REQUESTED INFORMATION TO BE: □ Provided without charge □ Mailed upon receipt of payment □ Paid and picked up in person Date Payment Received:_____ Check or Money Order Number: _____ Date Documents Mailed:_____ Date Documents Picked Up: _____	$ _____