



**Freedom of Information Act Itemized Fee Form
Form 8310 F2**

Requestor's Name and Address:		Invoice #:
Bill Calculation		Amount
LABOR: Searching for, locating, and examining the material: No. of Hours X Wage Rate (including 42.19% for fringes) Reviewing the material, including separating exempt from non-exempt material: No. of Hours X Wage Rate (including 42.19% for fringes)		\$
POSTAGE: (Actual Cost)		\$
DUPLICATING: Labor: No. of Hours X Wage Rate (including 42.19% for fringes) Paper: No. of Pages X Copying Rate <u>\$0.10</u> per page		\$
NON PAPER PHYSICAL MEDIA: Describe (e.g. CD's, DVD's, flash drives, etc.):		\$
Make check (business/personal) or money order payable to: HOWELL PUBLIC SCHOOLS Mail check/money order to: 411 N. Highlander Way, Howell, Michigan 48843. Please write the invoice number on your check. Payments must be received by the Business Office within 30 days of the date of the invoice.		TOTAL \$
Discounts (non-exempt records furnished without charge for the first \$20): <input type="checkbox"/> Individual is receiving specific public assistance or indigent (affidavit required) <input type="checkbox"/> Non-profit corporation formally designated by the State of Michigan ¹		\$
PLEASE NOTE THAT 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 \$
For Internal Use Only		BALANCE TO BE PAID:
REQUESTED INFORMATION TO BE: <input type="checkbox"/> Provided without charge <input type="checkbox"/> Mailed upon receipt of payment <input type="checkbox"/> Paid and picked up in person	Check / M.O. # From:	\$
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up:

Distribution: Requestor
FOIA Coordinator
Business Office

¹ To carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, and the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-319, or their successors. Formal request required indicated that the request is made directly on behalf of the organization or its clients, is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931; and is accompanied by documentation of its designation by the state, if requested by the School District.

Labor Relations and Personnel

411 N. Highlander Way • Howell, Michigan • 48843 • p. 517-548-6241 • f. 517-548-6229