

**Shelby Public Schools
Freedom of Information Act Response**

If payment is required as indicated in the accompanying letter, requested information will not be released until the payment described below is received. Please call the FOIA Coordinator if you decided you do not wish to receive this information. After 90 days it will be assumed that you no longer require the requested documents.

Requestor's Name and Address:

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Bill Calculation	Amount
Labor	
Searching for, locating, and examining the material: Number of Hours: <input type="text"/> Wage Rate: (Including up to 50% for fringes): <input type="text" value="31.01"/>	\$0.00
Reviewing the material, including separating exempt from non-exempt material: Number of Hours: <input type="text"/> Wage Rate: (Including up to 50% for fringes): <input type="text" value="31.01"/>	\$0.00
Postage (Actual Costs)	
Duplicating:	
Labor: Number of Hours: <input type="text"/> Wage Rate: (Including up to 50% for fringes): <input type="text" value="31.01"/>	\$0.00
Paper: Number of Pages: <input type="text"/> Copy Rate, per page: <input type="text" value="\$0.10"/>	\$0.00
Non-Paper Physical Media	
Describe: N/A	\$0.00
Make checks payable to: Shelby Public Schools Mail to: 525 N. State Street, Shelby, MI 49455	

TOTAL: \$0.00

**PLEASE NOTE: A deposit will be requested if the total amount of FOIA request is greater than \$50.00. This is an estimate only, and the actual cost may vary from this amount.

DEPOSIT: \$0.00

FOR INTERNAL USE ONLY

Requested Information to be:	Check/Money Order:
<input type="checkbox"/> Provided without charge	<input type="text"/>
<input type="checkbox"/> Mailed upon receipt of payment	
<input type="checkbox"/> Paid and picked up in person	Date Documents Mailed:
	<input type="text"/>
Date Payment Received:	Date Documents Picked Up:
<input type="text"/>	<input type="text"/>

BALANCE DUE: \$0.00