

MARION PUBLIC SCHOOLS
FREEDOM OF INFORMATION ACT RESPONSE
CONTACT: CHRIS ARRINGTON FOIA COORDINATOR

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 above contact person or return this form if you decide 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:	
BILL CALCULATION	AMOUNT
LABOR/COSTS Searching for, locating, and examining the material [MCL 15.234(1)(a)]: No. of Hours: <u>0.00</u> x Wage Rate (Including up to 50% for fringes) <u>0.00</u> Reviewing the material, including separating exempt from non-exempt material [MCL 15.234 (1)(b)]: No. of Hours: <u>0.00</u> x Wage Rate (Including up to 50% for fringes) <u>0.00</u>	\$ 0.00
POSTAGE [MCL 15.234 (1)(f)]: (Actual Cost)	\$ 0.00
DUBLICATING: Labor [MCL 15.234 (1)(e)]: No. of Hours <u>0.00</u> x Wage Rate (including up to 50% for fringes) <u>0.00</u> Paper [MCL 15.234 (1)(d)]: No. of Pages: x Copying Rate \$ <u>0.10</u> per page	\$ 0.00
NON PAPER PHYSICAL MEDIA [MCL 13.234 (1)(c)]: Describe (e.g. CD's, DVD's, flash drives, etc.)	\$ 0.00
Make check (business/personal) or money order payable to: Marion Public Schools Mail Check/Money Order to:	TOTAL \$ 0.00
Return a Copy of this Invoice With Your Payment	
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	
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:
BALANCE TO BE PAID *	
\$ 0.00	
Date Documents Picked Up:	