

**CLIO AREA 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 Clio Area School's Office of the Superintendent, or return this form if you decide not to complete your FOIA request. After 90 days, it will be assumed that you no longer require the requested documents.

REQUESTOR'S NAME AND ADDRESS:	

BILL CALCULATION	AMOUNT
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LABOR:	
Searching for, locating, and examining the material: No. of Hours: <input type="text"/> X Wage Rate (including up to 50% for fringes) <input type="text"/>	\$ -
Reviewing the material, including separating exempt from non-exempt material: No. of Hours <input type="text"/> X Wage Rate (including up to 50% for fringes) <input type="text"/>	

POSTAGE: (Actual Cost)	
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DUPLICATING:	
Labor: No. of Hours: <input type="text"/> X Wage Rate (including up to 50% for fringes) <input type="text"/>	\$ -
Paper: No. of Pages: <input type="text"/> X Copying Rate per page <input type="text" value="\$ 0.10"/>	

NON PAPER PHYSICAL MEDIA: Describe (e.g. CD's, DVD's flash drives, etc.)	
	\$ -

Make check (business/personal) or money order payable to: CLIO AREA SCHOOLS Mail Check/Money Order to:	
FOIA Coordinator Clio Area Schools 430 N. Mill Street Clio, MI 48420	TOTAL \$ -
Return a Copy of this Invoice with Your Payment	

PLEASE NOTE THAT IF A DEPOSIT IS REQUIRED, (TOTAL IS GREATER THAN \$50.00), THE INDICATED AMOUNT IS AN ESTIMATE OF THE COST OF COMPLYING WITH YOUR REQUEST. THE ACUTAL COST MAY VARY FROM THIS AMOUNT.	DEPOSIT
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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/MO # _____ From: _____	\$ -
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up:

Deposit payment in Agency Account Number:	Cost Center:	Object Code:
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