



Davison Community 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 Michelle Edwards, FOIA Officer, at (810) 591-0852 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 document.

REQUESTOR'S NAME AND ADDRESS:		
BILL CALCULATION		AMOUNT
LABOR: Searching for, locating, and examining the material: No. of Hours: 0.00 x Wage Rate (including up to 50% for fringes) _____ Reviewing the material, including separating exempt from non-exempt material: No. of Hours: 0.00 x Wage Rate (including up to 50% for fringes) _____		\$ _____
POSTAGE: (Actual Cost)		\$ _____
DUPLICATING: Labor: No. of Hours 0.00 x Wage Rate (including up to 50% for fringes) _____ Paper: No. of Pages: _____ x Copying Rate \$.07 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: Davison Community Schools Mail Check/Money Order to: Davison Community Schools, 1490 N. Oak Road Davison MI 48423		TOTAL \$ _____
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 \$ _____
		BALANCE TO BE PAID* \$ _____
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		
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up: