



1138 136th Avenue
 Holland, MI 49424
 616-786-2099

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234 (the "FOIA" or the "Act"), the following costs will be charged for responses to FOIA requests, pursuant to the FOIA Fee Schedule adopted and periodically revised by the West Ottawa Board of Education.

Yes / No (circle one): A fee for labor cost is being charged because the failure to do so will result in unreasonably high costs to the West Ottawa Public Schools because of the nature of the request in this particular instance. Specifically, [“indentify the nature of this unreasonably high cost”].

Labor costs shall not be more than the hourly wage of the West Ottawa Public Schools' lowest-paid employee capable of performing the labor in the particular instance, regardless of whether that person is available or actually performs the labor. Labor costs will be estimated and charged in 15-minute time increments. All partial time increments will be rounded down. No overtime will be charged unless the person making the request provides written approval. If the number of minutes is less than 15, there will be no charge. If West Ottawa Public Schools charges to cover or partially cover the cost of fringe benefits, it will use a 50% percent multiplier of the applicable labor charge to account for those benefits.

1. REQUESTOR'S NAME, ADDRESS & PHONE NUMBER		
Name: _____		
Street Address: _____		
City: _____		State: _____ Zip Code: _____
Phone Number: (____) _____		
Email Address (if response requested via email): _____		

2. LABOR COST TO LOCATE		
Hourly Wage Charged = \$ _____	It is estimated to take _____ minutes to perform this task.	Subtotal Cost = \$ _____
OT Wages (as Stipulated by the Requestor) = \$ _____		
Total Hourly Charge = \$ _____	Time is charged in 15-minute increments, rounded down.	
or		
Hourly Wage with Fringe Benefit Cost = \$ _____		
Total Hourly and Fringe Benefit Charge = \$ _____		

3. LABOR COST TO COPY		
Hourly Wage Charged = \$ _____	It is estimated to take _____ minutes to perform this task.	Subtotal Cost = \$ _____
OT Wages (as Stipulated by the Requestor) = \$ _____		
Total Hourly Charge = \$ _____	Time is charged in 15-minute increments, rounded down.	
or		
Hourly Wage with Fringe Benefit Cost = \$ _____		
Total Hourly and Fringe Benefit Charge = \$ _____		

4. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL		
Hourly Wage Charged = \$ _____ Total Hourly Charge = \$ _____	It is estimated to take _____ minutes to perform this task.	Subtotal Cost = \$ _____
or		
Hourly Wage with Fringe Benefit Cost = \$ _____ Total Hourly and Fringe Benefit Charge = \$ _____	Time is charged in 15-minute increments, rounded down.	

5. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL		
Name of contracted person or firm = _____		
Hourly Wage Charged = \$ _____	It is estimated to take _____ minutes to perform this task.	Subtotal Cost = \$ _____
or		
Hourly Wage with Fringe Benefit Cost = \$ _____	Time is charged in 15-minute increments, rounded down.	

6. COPYING (DUPLICATION OR PRINTING) COST		
Letter (8 1/2 x 11-inch, single- or double-sided): 10 cents per sheet	Number of sheets = _____	Cost = \$ _____
Legal (8 1/2 x 14-inch, single- or double-sided): 10 cents per sheet	Number of sheets = _____	Cost = \$ _____
Other paper sizes (single- or double-sided): _____ cents per sheet	Number of sheets = _____	Cost = \$ _____
Actual and most reasonably economical cost of non-paper physical digital media (or being provided to the requestor in such format as stipulated) = \$ _____ Check applicable box: <input type="checkbox"/> Disc <input type="checkbox"/> Tape <input type="checkbox"/> Drive <input type="checkbox"/> Other digital medium: _____ Cost per Item: \$ _____	Number of items = _____	Cost = \$ _____
Subtotal Cost = \$ _____		

7. MAILING COST		
	Number of envelope(s), package(s), stamp(s), etc.	
Cost of Envelope or Package = \$ _____		Cost = \$ _____
Postage = \$ _____ per stamp		Cost = \$ _____
Postage = \$ _____ per pound		Cost = \$ _____
Postage = \$ _____ per package		Cost = \$ _____
Postal Delivery Confirmation = \$ _____		Cost = \$ _____
Expedited Shipping or Insurance, if requested = \$ _____		Cost = \$ _____
Subtotal Cost = \$ _____		

8. FEE DISCOUNT ELIGIBILITY		
1. Affidavit of Indigency Submitted? <u>Yes / No</u>	If Yes, subtract \$20.00	(\$ _____)
2. Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA & documentation of its designation by the state is provided? <u>Yes / No</u>		

9. TOTAL ESTIMATED FEE & HOW TO SUBMIT PAYMENT

<p>Make check (business/personal) or money order payable to: WEST OTTAWA PUBLIC SCHOOLS</p> <p>Mail check/money order to: West Ottawa Public Schools Attn: FOIA Coordinator 1138 136th Avenue Holland, MI 49424</p> <p><i>Return a Copy of this Invoice With Your Payment</i></p>	<p>TOTAL ESTIMATED FEE = \$ _____ <i>(Subtotals from Sections 2-8)</i></p>	
<p>If the estimated cost exceeds \$50.00, a good faith deposit of 50% is required before the request will be processed.</p>	<p>50% Deposit = \$ _____</p>	<p>Date Payment Received: ____/____/____</p> <p>Check / M.O. # _____</p> <p>From: _____</p>
<p>The request will be processed, but the balance of the cost must be paid before copies may be picked up or mailed.</p>	<p>Balance Due = \$ _____</p>	<p>Date Payment Received: ____/____/____</p> <p>Check / M.O. # _____</p> <p>From: _____</p>