



FREEDOM OF INFORMATION ACT FEE ITEMIZATION

Fringe Benefit Multiplier x Applicable Hourly Rate _____ % x \$ _____ (Search) _____ % x \$ _____ (Redaction) _____ % x \$ _____ (Duplication)	Total Labor Charges Per Hour \$ _____ per hour for the search \$ _____ per hour for redaction \$ _____ per hour for duplication	
Labor costs for searching for, locating, and examining public records in order to fulfill a granted written request	_____ hours x \$ _____ per hour (Increments of ¼ of an hour, rounded down)	\$ _____ plus
If done by a District employee, labor costs directly associated with separating and deleting exempt information from nonexempt information ("redaction")	_____ hours x \$ _____ per hour (Increments of ¼ of an hour, rounded down)	\$ _____ plus
If done by a contractor, labor costs directly associated with separating and deleting exempt information from nonexempt information ("redaction")	_____ hours x \$ _____ per hour Contractor: _____ (Increments of ¼ of an hour, rounded down, hourly rate not to exceed 6 times minimum wage)	\$ _____ plus
Labor costs directly associated with duplication or publication, including making paper copies, making digital copies, or transferring digital public records onto nonpaper physical media or through other electronic means	_____ hours x \$ _____ per hour (Increments of .1 of an hour, rounded down)	\$ _____ plus
Actual cost of any media	_____ media x \$ _____ per media _____ media x \$ _____ per media	\$ _____ plus
Actual total incremental cost of necessary duplication or publication for paper copies of public records, not including labor (8½ x 11 and/or 8½ x 14 only)	_____ sheets x \$0.05 per b&w sheet _____ sheets x \$0.10 per color sheet	\$ _____ plus
Actual total incremental cost of necessary duplication or publication for paper copies of public records, not including labor (<u>not</u> 8½ x 11 or 8½ x 14)	_____ sheets x \$ _____ per b&w sheet _____ sheets x \$ _____ per color sheet	\$ _____ plus
Subtotal		\$ _____ plus
Actual cost of mailing (may include least expensive form of postal delivery confirmation)	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable	\$ _____ minus
Indigency cost waiver (first \$20) (affidavit provided)	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable	(\$ _____) minus
State-designated non-profit agency waiver	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable	(\$ _____) minus
Good Faith Deposit	<input type="checkbox"/> Paid	(\$ _____) equals
Total Owed (Payable to Warren Consolidated Schools)		\$ _____

Date: _____

FOIA Coordinator or Designee

Request Identifier and Date Received