

FOIA Fee Itemization Form

Estimate Fee

Actual Fee

REQUESTOR

Requestor's Name: _____ Date of Request: ____/____/____

Address: _____
Please indicate: Street, Road, Avenue, Boulevard, Apartment/Suite/Lot Number

City: _____ State: _____ Zip: _____ - _____

SEARCH, EXAMINATION, REVIEW, SEPARATION OF EXEMPT FROM NON-EXEMPT INFORMATION

Search and Examination of Records

Hourly wage¹ _____ **X** Fringe Benefit Multiplier² _____ **X** No. of Hours⁴ _____ = \$ _____
Stipulates physical media Y N *Quarterly increments*

Reviewing Records

Hourly wage¹ _____ **X** Fringe Benefit Multiplier² _____ **X** No. of Hours⁴ _____ = \$ _____
Stipulates physical media Y N *Quarterly increments*

Redacting Records – In House

Hourly wage¹ _____ **X** Fringe Benefit Multiplier² _____ **X** No. of Hours⁴ _____ = \$ _____
Stipulates physical media Y N *Quarterly increments*

OR

Redacting Records – Outside Contractor Labor

Hourly wage⁷ _____ **X** No. of Hours _____ = \$ _____

Subtotal Labor Cost \$ _____

DUPLICATION

Labor

Hourly wage¹ \$ _____ **X** Fringe Benefit Multiplier² _____ **X** No. of Hours⁶ _____ = \$ _____
Stipulates on physical media Y N

Paper Copies

No. of Sheets _____ **X** Copying Rate \$ _____ = \$ _____
Letter, Legal, Double sided

Nonpaper Physical Media

Type: Audio Tape CD DVD Flash Drive Other _____
 Price \$ _____ **X** Quantity _____ = \$ _____

Subtotal Duplication Cost \$ _____

MAILING

Packaging Cost = \$ _____

Postage

USPS First Class Postage Rate _____ **X** Weight _____ = \$ _____

USPS-Delivery Confirmation Service – Type: _____ = \$ _____

Continued on other side

Expedited Service Type Requested: _____ = \$ _____

Delivery Insurance Requested: Y N = \$ _____

Subtotal Mailing Cost \$ _____

DISCOUNTS

Requestor is indigent and cost is less than \$20 – Proof provided Y N = \$(_____)

Requestor is a qualifying non-profit⁸ Y N = \$(_____)

Reduction amount due to untimely response by GISD – Untimely Response? Y N
5% of Total Fee _____ X Days Late _____ = \$(_____)

Less Total Discounts \$(_____)

Total FOIA Fee Due \$ _____

If deposit is requested, the indicated amount is an estimate of the cost of complying with your request. The actual cost may vary from this amount.

DEPOSIT

If previous request was not paid in full upon fulfillment – Unpaid fees outstanding? Y N
100% of current Total FOIA Fee Due Required Deposit Amt: = \$ _____

OR

If estimated fee is over \$50, GISD shall charge a deposit of 50% of the estimated fee
50% X Total FOIA Fee Due Required Deposit Amt: = \$ _____

Deposit to be paid by ____/____/____

Deposit previously paid on ____/____/____ Less Total Deposit \$(_____)

Balance Due Upon Receipt = \$ _____

If payment is required as indicated in the accompanying letter, requested information will not be released until the payment described above is received. Please call the 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.

1. The hourly rate shall not be more than the hourly wage of the lowest-paid staff member capable of performing the labor in the particular instance.
2. Costs will be added if information is readily available on the website, but requestor insists in a specific form of media.
3. In general, labor cost shall be charged in increments of 15 minutes, rounded down. (See note 6 for exception.)
4. Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.
5. Labor costs for duplicating records may be estimated and charged in time increments of GISD's choosing, rounded down.
6. This amount shall not exceed an amount equal to six times the state minimum hourly wage rate, which is currently \$8.15.
7. Under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act and the Protection and Advocacy for Individuals with Mental Illness.

OFFICE USE ONLY:

REQUESTED INFORMATION TO BE:

- Provided without charge
- Mailed upon receipt of payment
- Paid and picked up in person

Date Payment Received: ____/____/____

From: _____

Cash Check/M.O #: _____

Date Documents Picked Up ____/____/____

Date Documents Mailed ____/____/____