



Leslie Public Schools FOIA Fee Itemization Form

Requester's Name: _____ Date on Request: _____

Date Received: _____ Estimated Fee: _____ -or- Actual Fee: _____

If estimated fee is over \$50, the District shall charge a good faith deposit of 50% of the estimated fee. Failure to pay the deposit within 48 calendar days of the District's notice constitutes abandonment, and the District is no longer required to fulfill the request.

Estimated date FOIA response will be available: _____

Labor Costsⁱⁱ

Searching/Locating/Examining Records

$$\text{Hours}^{\text{iii}} \times \$ \text{Hourly Wage} + \text{Fringe Benefit}^{\text{iv}} = \text{_____}$$

Separating and Deleting Exempt from Non-Exempt Information/Records

Employee

$$\text{Hours}^{\text{v}} \times \$ \text{Hourly Wage} + \text{Fringe Benefit} = \text{_____}$$

Contracted Labor (if any)

Name of person or firm engaged _____

$$\text{Hours} \times \$ \text{Hourly Wage}^{\text{vi}} = \text{_____}$$

Duplicating or Publishing Records

$$\text{Hours}^{\text{vii}} \times \$ \text{Hourly Wage} + \text{Fringe Benefit} = \text{_____}$$

Non-Paper Physical Media

USB Flash Drives, CDs, DVDs, Other: _____ \$ _____

Postal Delivery Charges

Actual Cost of Mailing^{viii} \$ _____

Copying Costs for Paper Copies^{ix}

Letter (8 1/2" x 11") Cost per page \$0. _____ x # of sheets _____ = \$ _____

Legal (8 1/2" x 14") Cost per page \$0. _____ x # of sheets _____ = \$ _____

