



**ATTACHMENT C
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 Andrew J. George, FOIA Coordinator, at (517) 925-5447 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.

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) 0.00		\$ 0.00
Reviewing material, including separating exempt from non-exempt material: No. of Hours: 0.00 x Wage Rate (including up to 50% for fringes) 0.00		
POSTAGE: (Actual Cost)		\$ 0.00
DUPLICATING:		
Labor: No. of Hours 0.00 x Wage Rate (including up to 50% for fringes) 0.00		\$ 0.00
Paper: No. of Pages: x Copying Rate \$.10 per page		
NON PAPER PHYSICAL MEDIA: Describe (e.g. CD's, DVD's, flash drives, etc.)		\$ 0.00
Make check (business/personal) or money order payable to: Grand Ledge Public Schools		
Mail Check/Money Order to: FOIA Coordinator 220 Lamson Street Grand Ledge, MI 48837		TOTAL \$ 0.00
Please note that if a deposit is requested (Total is greater than \$50), 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*
REQUESTED INFORMATION TO BE:		
Provided without charge	Check / M.O. #	\$ 0.00
Mailed upon receipt of payment	From:	
Paid and picked up in person		
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up:
Deposit payment in Account Number: 11.0199.9810.0000.0000.0000		