

FOIA FEE ITEMIZATION FORM

Lake Orion Community Schools

Date of Request: 7/9/2025

 X Estimate Fee or Actual Fee

Item Description	Hourly Rate ¹	Fringe Benefit % ²	Overtime Rate ³	No. of 15-minute increments ⁴	Total Charge
Locating/Retrieving Records	Hourly wage \$66.68 x	1.50 +/-	\$_____ =	⁵ \$ 100.02/ 4 = \$25.00 x 48 (increments) =	\$ 1200.00
Reviewing Records	Hourly wage \$72.12 x	1.50 +/-	\$_____ =	⁶ \$ 108.18/ 4 = \$27.04 x 16 (increments) =	\$ 432.64
Redacting Records	Hourly wage \$38.25 x	1.50 +/-	\$_____ =	⁷ \$ 57.37/ 4 = \$14.34 x 8 (increments) =	\$ 114.72
Copying/Duplicating Records ⁸	Hourly wage \$38.25 x	1.50 +/-	\$_____ =	⁹ \$ 57.37/ 4 = \$ 14.34 x 4 (increments) =	\$ 57.36
Contracted Labor Costs-Redaction	¹⁰ Hourly wage \$____ x	N/A	N/A	\$_____/ 4 = \$____ x ____ (increments) =	\$_____
Name of contracted person or firm if applicable: _____				Subtotal Labor Costs = \$ 1804.72	
Copying Cost for Paper Copies¹¹					
Letter (8½" x 11") paper at \$0.10 each¹²	Legal (8½"x 14") paper at \$0.____ each	Size _____ paper at \$0.____ each		Size _____ paper at \$0.____ each	Total Charge
No. of Sheets ____ x \$0.10 = \$_____	No. of Sheets ____ x \$0.____ = \$_____	No. of Sheets ____ x \$0.____ = \$_____		No. of Sheets ____ x \$0.____ = \$_____	\$_____
Mailing Cost					
Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Total Charge
\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

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Nonpaper Physical Media			
USB Flash Drives	Computer Discs	Other Digital Media	Total Charge
\$ _____ x number used _____ = \$ _____	\$ _____ x number used _____ = \$ _____	\$ _____ x number used _____ = \$ _____	\$ _____
Qualified for \$20 Reduction? If yes, subtract \$20.			(\$ _____)
TOTAL FEE = \$ <u>1804.72</u>			
If estimated fee is over \$50, the District shall charge a deposit of 50% of the estimated fee.		Amount of Deposit \$ <u>902.36</u>	Paid? Y/N
Subtract any good-faith deposit received.			(\$ _____)
Reduction amount due to untimely response by District: 0.5% of fee x _____ days late = _____ reduction.			(\$ _____)
TOTAL DEPOSIT DUE= \$ <u>902.36</u>			

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 The District will add up to 50 percent to the applicable labor charge amount to cover or partially cover the cost of fringe benefits; 100 percent of fringe benefit costs will be added to the applicable labor charge if a requestor stipulates that requested website records must be provided in a paper format or in a specific form of electronic media. In either case, the District shall not charge more than the actual cost of fringe benefits.

³ Overtime rates shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor.

⁴ In general, labor cost shall be estimated and charged in increments of 15 minutes, with all partial time increments rounded down. (See note 6 for exception.)

⁵ Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

⁶ Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

⁷ Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

⁸ Labor costs for copying/duplicating records may be estimated and charged in time increments of the District's choosing, with all partial time increments rounded down.

⁹ Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

¹⁰ This amount shall not exceed an amount equal to six times the state minimum hourly wage rate, which is currently \$12.48.

¹¹ The District shall utilize the most economical means available for making copies, including using double-sided printing.

¹² The fee shall not exceed 10 cents per sheet of paper for copies made on 8½" by 14" paper.