

# Dansville Schools FOIA Fee Itemization Form

Requester's Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Hand-Delivered  U.S. Mail  Email  Fax  Other

Date Received <sup>1</sup> \_\_\_\_\_

Estimated Fee -or- Actual Fee Record available on website but copy \_\_\_\_\_  
nonetheless requested  Yes  No

Labor Costs

Fmosp	P_rc	Dpglec	clcdgr	Overtime Rate <sup>5</sup>	No. of 15 minute increments <sup>6</sup>	Total Charge
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### Searching/Locating/ Examining Records

Employee Hourly wage <sup>7</sup> _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments =	\$ _____
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### Separating and Deleting Exempt from Non-exempt Information/Records

<input type="checkbox"/> Employee Hourly Wage _____ x or <input type="checkbox"/> Contracted Labor Costs _____ x (Not to exceed 6x State minimum wage)	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
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### Duplicating or Publishing Records<sup>8</sup>

Employee Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
			Subtotal Labor Cost =	\$ _____

Name of person or firm engaged under contract to separate and delete exempt from non-exempt information/records, if applicable: \_\_\_\_\_

**Copying Cost for Paper Copies<sup>9</sup>**

Letter (8½" x 11") paper at \$0.____ each <sup>10</sup>	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.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	No. of Sheets _____ x \$0.____ = \$_____	\$_____

**Postal Delivery Charges**

Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Overnight/Special Request	Total Charge
\$_____	\$_____	\$_____	\$_____	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____	\$_____

**Non-Paper Physical Media**

USB Flash Drives	Computer Discs	Other Digital Media _____	Other/Special Requested?	Total Charge
\$____ x number used _____ = \$_____	\$____ x number used _____ = \$_____	\$____ x number used _____ = \$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$_____	\$_____

**Discounts**

Qualified for Discount?  Yes  No. If yes, subtract \$20.  
 Indigence (maximum of 2 discounts per calendar year)  
 State Designated Non-Profit (e.g., MPAS) (unlimited number of discounts)  
 Qualified for Waiver or Reduction as primary and benefiting the general public?  Yes  No. If yes, insert amount of waiver or reduction. \$\_\_\_\_\_

(\$\_\_\_\_\_)

**Total 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.	Amount of Deposit \$_____	Estimated Date Available _____	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a good faith deposit is paid, subtract the amount of the good-faith deposit received.			\$ (_____)
Reduction for untimely response by District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, subtract 5% of labor costs x _____ days late [up to a maximum 50% reduction of labor costs] = _____ reduction. Diverted to Spam/Junk Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicate date and time delivered to Spam/Junk Mail [_____, 20__ at ___ am/pm] and date and time discovered in Spam/Junk Mail [_____, 20__ at ___ am/pm] <sup>11</sup>			(\$_____)
<b>Consider: Time increments for labor costs to copy and publish.</b> Total Due =			\$_____