

4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL		
Name of contracted person or firm = _____		
Hourly Wage Charged = \$_____.	Estimated Time = _____	Subtotal Cost = \$_____
or		
Hourly Wage with Fringe Benefit Cost = \$_____.		

5. COPYING (DUPLICATION OR PRINTING) COST		
Letter (8 1/2 x 11-inch, single- or double-sided): 6 cents per sheet	Number of sheets = _____	Cost = \$ _____
Legal (8 1/2 x 14-inch, single- or double-sided): 6 cents per sheet	Number of sheets = _____	Cost = \$ _____
Other paper sizes (single- or double-sided): 6 cents per sheet	Number of sheets = _____	Cost = \$ _____
Actual and most reasonably economical cost of non-paper physical digital media (or being provided to the requestor in such format as stipulated) = \$ _____ <i>Circle applicable: Disc / Tape / Drive / Other Digital Medium Cost per Item:</i>	Number of items = _____	Cost = \$ _____
Subtotal Cost = \$ _____		

6. MAILING COST		
	Number of envelope(s), package(s), stamp(s), etc.	
Cost of Envelope or Package = \$_____	_____	Cost = \$ _____
Postage = \$_____ per stamp.	_____	Cost = \$ _____
Postage = \$_____ per pound.	_____	Cost = \$ _____
Postage = \$_____ per package.	_____	Cost = \$ _____
Postal Delivery Confirmation = \$_____.	_____	Cost = \$ _____
Expedited Shipping or Insurance, if requested = \$_____.	_____	Cost = \$ _____
Subtotal Cost = \$ _____		

Affidavit of Indigency Submitted? <u>Y</u> / <u>N</u> Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? <u>Y</u> / <u>N</u>	If Yes, subtract \$20.00	(\$____)
TOTAL ESTIMATED FEE = \$ _____		
If the estimated cost exceeds \$50.00, a good faith deposit of 50% is required before the request will be processed.	50% Deposit = \$ _____.	Date Paid = ____/____/____.
The balance of the cost must be paid prior to the District disclosing the requested documents.	Balance Due = \$ _____.	Date Paid = ____/____/____.