West Shore Education Service District (WSESD)
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 the above WSESD contact person 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:

<table>
<thead>
<tr>
<th>BILL CALCULATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LABOR:</td>
<td></td>
</tr>
<tr>
<td>Searching for, locating, and examining the material:</td>
<td></td>
</tr>
<tr>
<td>No. of Hours: 0.00</td>
<td>X Wage Rate (including up to 50% for fringes) $ 0.00</td>
</tr>
<tr>
<td>Reviewing the material, including separating exempt from non-exempt material:</td>
<td></td>
</tr>
<tr>
<td>No. of Hours: 0.00</td>
<td>X Wage Rate (including up to 50% for fringes) $ 0.00</td>
</tr>
<tr>
<td>POSTAGE: (Actual Cost)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>DUPLICATING:</td>
<td></td>
</tr>
<tr>
<td>Labor:</td>
<td></td>
</tr>
<tr>
<td>No. of Hours 0.00</td>
<td>X Wage Rate (including up to 50% for fringes) $ 23.19</td>
</tr>
<tr>
<td>Paper:</td>
<td></td>
</tr>
<tr>
<td>No. of Pages:</td>
<td>X Copying Rate $ .14 per page</td>
</tr>
<tr>
<td>NON PAPER PHYSICAL MEDIA: Describe (e.g. CD’s, DVD’s, flash drives, etc.) (Actual Cost)</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

Make check (business/personal) or money order payable to: West Shore ESD
Mail Check/Money Order to:
2130 West US 10
Ludington, MI 49431

TOTAL $ 0.00

Return a Copy of this Invoice with Your Payment

*PLEASE NOTE THAT IF A DEPOSIT IS REQUESTED, (TOTAL IS GREATER THAN $50.00), THE INDICATED AMOUNT IS AN ESTIMATE OF THE COST OF COMPLYING WITH YOUR REQUEST. THE ACTUAL COST MAY VARY FROM THIS AMOUNT.

DEPOSIT* $ 0.00

For Internal Use Only

REQUESTED INFORMATION TO BE: Check/Money Order: _________
☐ Provided without charge
☐ Mailed upon receipt of payment
☐ Paid and picked up in person

From: _________

Date Payment Received: Date Documents Mailed: Date Documents Picked Up:

Deposit payment in WSESD Account Number: ASN:

Distribution: Requestor (2)
West Shore ESD
Central Business Office
WSESD FOIA Coordinator