

PUBLIC RECORDS REQUEST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

\_\_\_\_\_ I wish a copy of the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I wish to review the following record(s): (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will be contacted within \_\_\_\_\_ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

\_\_\_\_\_  
Signature

Date

\*\*\*\*\*

The records you wish to review and/or copy will be available be on \_\_\_\_\_ at the administration office.

\_\_\_\_\_  
Records officer

Date

\*\*\*\*\*

RECEIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

\_\_\_\_\_  
Signature

Date

## KENT INTERMEDIATE SCHOOL DISTRICT

### FOIA Fee Schedule 2021

Kent ISD charges the following fees:

a. **Manual searching for or reviewing of records**

As of July 1, 2021, the hourly rate for a staff member capable of searching locating, and examining public records for disclosure is \$14.00 per hour. The hourly rate for a staff member capable of separating/deleting exempt information from non-exempt information for disclosure is a minimum of \$18.00 per hour. This amount may change to reflect the per diem rate of the individual based on the complexity of the request. Labor costs estimated and charged will be in increments of fifteen (15) minutes and all partial increments will be rounded down.

b. **Computer searching and printing** -- the actual cost of operating the computer plus charges for the time spent by the operator, at the hourly rate of the lowest compensated staff member qualified to perform the search.

c. **Contracted Services** -- If there is no employee capable of separating/deleting exempt information, as determined by the FOIA Coordinator, the District may utilize a contracted individual/firm. The name of the individual/firm will be included on the detailed itemization of fees. The total amount charged shall not exceed six times the state minimum wage.

- d. **Photocopying standard size pages** -- \$0.10 per page. FOI Officers may charge lower fees for particular documents where --
1. The document has already been printed in large numbers,
  2. The program office determines that using existing stock to answer this request, and any other anticipated FOI requests, will not interfere with program requirements, and
  3. The FOI Officer determines that the lower fee is adequate to recover the prorated share of the original printing costs.
- e. **Photocopying odd-size documents** (such as punchcards or blueprints), **or reproducing other records** (such as tapes) -- the actual costs of operating the machine, plus the actual cost of the materials used, plus charges for the time spent by the operator, at the rates given in paragraph (a) of this section.
- f. **Certifying that records are true copies.** This service is not required by the FOIA. If we agree to provide it, we will charge \$10 per certification.
- g. **Sending records by express mail, certified mail, or other special methods.** This service is not required by the FOIA. If we agree to provide it, we will charge our actual costs.
- h. **Performing any other special service that you request and we agree to** -- actual costs of operating any machinery, plus actual cost of any materials used, plus charges for the time of our employees, at the rates given in paragraph (a) of this section

**Kent Intermediate School District  
Freedom of Information Act (FOIA)  
Detailed Itemization of Fees**

**Requester name:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Information Requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Type of format requested (ex. Paper or Digital)** \_\_\_\_\_

**Date of District Response:** \_\_\_\_\_

**\*Best Efforts Estimate for Completion:** \_\_\_\_\_

**\*\*An earlier date may require overtime, which you must authorize on the attached response form.**

**Are requested Documents Available Online: Y or N**

**\*\*If yes, name of website:** \_\_\_\_\_

**\* Note: If paper copies are requested for documents available online, the fees for searching, locating, examining and copying such records noted below will apply. There will be no charge to separate/delete exempt information.**

**Waiver of Fees**

**The District may waive fees based on one of the following:**

- **You are an indigent person who has not received discounted copies from the district twice during the past calendar year and the request is not made in conjunction with an outside party who has agreed to pay.**
- **You are a non-profit organization designated by the State to carry out activities protecting those with mental/developmental disabilities and provided proof of State designation.**

**Based on information provided in your request, the District finds you qualify for a fee waiver: Y or N**

**If No, the following reason applies:** \_\_\_\_\_  
\_\_\_\_\_

**Estimation of Labor Fees:**

**Hourly Rate of Staff Member Searching,  
Locating, Examining and Copying Records** \_\_\_\_\_ **\$14.00 per hour**

**Estimated time (15 min Increments)** \_\_\_\_\_

**Fringe benefit Cost (.5 x hourly rate)** \_\_\_\_\_ **\$7.00 per hour**

**A. Total Est. Cost for Searching, Locating,  
Examining and Copying Records  
(hourly rate + fringe rate x Est. time)** \_\_\_\_\_

**Hourly Rate of Staff Member  
Separating/Deleting Exempt Information** \_\_\_\_\_ **\$18.00 per hour**

**Estimated time (15 min Increments)** \_\_\_\_\_

**Fringe benefit Cost (.5 x hourly rate)** \_\_\_\_\_ **\$9.00 per hour**

**B. Total Est. Cost for Separating/  
Deleting Exempt Information  
(hourly rate + fringe rate x Est. time)** \_\_\_\_\_

**If no internal staff member capable of  
Separating/Deleting Exempt Information  
Name of contracted person/Firm** \_\_\_\_\_

**Estimated time (15 min increments)** \_\_\_\_\_

**Hourly rate (not to exceed \$48.90)** \_\_\_\_\_

**C. Total Estimated Cost for  
Contracted Person/Firm  
(Est. time x Hourly Rate)** \_\_\_\_\_

**Total Estimated Labor Costs (A+B+C)** \_\_\_\_\_

**Estimation of Actual Costs:**

**A. Total Number of letter/legal paper Copies Requested @ .10 per page** \_\_\_\_\_

**B. Photocopying of odd sized documents listed below:**  
\_\_\_\_\_  
\_\_\_\_\_

**C. Mailing Costs – No charge if picking up documents** \_\_\_\_\_

**D. Cost of non-paper physical media such as Computer disk, tape, flash drive or other digital Media** \_\_\_\_\_

**E. Misc.- Other Special Services @ actual cost** \_\_\_\_\_

**Total Estimated Actual Costs:  
(A+B+C+D+E)** \_\_\_\_\_

**Total Estimated FOIA Fee:  
Labor Costs + Actual Costs** \_\_\_\_\_

**Estimated of Costs of Producing Items Available on the District Website**

**Hourly Rate of Staff Member Searching,  
Locating, Examining and Copying Records** **\$14.00 per hour**

**Estimated time (15 min Increments)** \_\_\_\_\_

**Fringe benefit Cost (???? x hourly rate)** **\$7.00 per hour**

**A. Total Est. Cost for Searching, Locating,  
Examining and Copying Records  
(hourly rate + fringe rate x Est. time)** \_\_\_\_\_

**Total Number of letter/legal paper Copies  
Requested @ .10 per page**

\_\_\_\_\_

**Photocopying of odd sized documents listed below:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Costs – No charge if picking up documents**

\_\_\_\_\_

**Cost of non-paper physical media such as  
Computer disk, tape, flash drive or other digital  
Media**

\_\_\_\_\_

**Labor Costs + Actual Costs  
(including website information)**

\_\_\_\_\_

**Good Faith Deposit**

**If the total estimated FOIA Fee listed above exceeds \$50.00, Kent Intermediate School District requires a deposit of 50% of the estimated costs.**

**If you have made previous FOIA requests, and the following apply, the District will require a deposit equal to 100% of the estimated costs prior to processing your request:**

- **The final fee for your previous request was not more than 105% of the estimate provided.**
- **The public records provided in the previous request remain in the District's possession.**
- **The public records provided in the previous request were made available within the estimated time frame.**
- **Ninety (90) days have passed since you were notified that the requested records were available for pick-up/ mailing.**
- **You cannot show proof of prior payment for the prior request, and have not subsequently paid in full.**
- **Less than three hundred sixty five (365) days have passed since you made the prior request.**

**Based on the information above, Kent ISD requires the following  
Good Faith Deposit before processing of your request will begin:\_\_\_\_\_**

**Kent ISD FOIA Request**  
**Requester Response Form**

By signing below, I acknowledge that I have received the following:

1. Kent Intermediate School District timely response to my FOIA request.
2. A copy of the Kent Intermediate School District Standard FOIA Fee Schedule.
3. A copy of the Written Public Summary of Kent Intermediate School District's FOIA Procedures and Guidelines.
4. A detailed itemization of fees associated with my FOIA request.

I further acknowledge that a copy of the Written Public Summary and Procedures and Guidelines regarding FOIA can be found at the following website location: [www.Kentisd.org/FOIA](http://www.Kentisd.org/FOIA)

Also, by signing below, I authorize Kent ISD to process my request and agree to pay the estimated total fees. I do / do not (circle one) the staff of Kent Intermediate School District (Kent ISD) to work overtime to process my request. By authorizing the staff of Kent ISD to work overtime, I agree to pay the required wage premium under the Fair Labor Standards Act, for the overtime hours worked. I further understand that even with such authorization, the staffs of Kent ISD are not required to work overtime to process your request.

Further, I do / do not (circle one) request paper copies of information that the district informed me was available on the website/webpage provided to me in the district response.

Any good faith deposit indicated on the detailed itemization of fees as due prior to processing the request is attached with this response form. I

understand that failure to submit payment will delay the best efforts estimated date of completion provided by Kent ISD.

\_\_\_\_\_  
Requester Signature

\_\_\_\_\_  
Date