OAKLAND COUNTY PROSECUTOR'S OFFICE
FREEDOM OF INFORMATION ACT INVOICE

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 Oakland County contact person indicated in the accompanying letter, or return this form if you decide that 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:	

BILL CALCULATION	AMOUNT

LABOR:
    Searching for and locating the material:
      No. of Hours: <u>0.00</u> **x** Wage Rate (including __% fringes) <u>0.00</u>
    Reviewing the material, including separating exempt from non-exempt material:
      No. of Hours: <u>0.00</u> **x** Wage Rate (including __% fringes) <u>0.00</u>
	$ 0.00

POSTAGE: (Actual Cost)	$ 0.00

DUPLICATING:
    Labor:
      No. of Hours <u>0.00</u> **x** Wage Rate (including fringes) <u>0.00</u>
    Paper:
      No. of Pages: **x** Copying Rate $ <u>.03</u> per page
	$ 0.00

OTHER COSTS: Describe (e.g. Overtime, cost of audio tapes etc.)	$ 0.00

Make check (business/personal) or money order payable to: COUNTY OF OAKLAND
 	
Mail Check/Money Order to:
 	
    The Oakland County Prosecutor's Office
    Attn.: FOIA Coordinator
    West Wing, Bldg 14E
    1200 N Telegraph
    Pontiac, MI 48341--0461
 	
Return a Copy of this Invoice With Your Payment
	TOTAL
	$ 0.00

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

For Internal Use Only		
REQUESTED INFORMATION TO BE: ☐ Provided for no or reduced charge ☐ Mailed upon receipt of payment ☐ Paid and picked up in person	Check / M.O. # From:	**BALANCE TO BE PAID*** **$ 0.00**
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up: