

**MICHIGAN GAMING CONTROL BOARD  
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. If you decide you do not wish to receive this information please call the FOIA Coordinator (see attached letter). After 180 days it will be assumed that you no longer require the requested documents.

REQUESTOR'S NAME AND ADDRESS:		
BILL CALCULATION	AMOUNT	
<b>LABOR*:</b> Searching for, locating, and examining the material: No. of Hours: ___ X Wage Rate (including up to 50% for fringes) ___ Reviewing the material, including separating exempt from non-exempt material: No. of Hours: ___ X Wage Rate (including up to 50% for fringes) ___	\$	
<b>POSTAGE:</b> (Actual Cost)	\$	
<b>DUPLICATING:</b> Labor: No. of Hours ___ X Wage Rate (including up to 50% for fringes) ___ Paper: No. of Pages: ___ X Copying Rate \$ .10 per page	\$	
<b>NON PAPER PHYSICAL MEDIA:</b> Describe (e.g. CD's, DVD's, flash drives, etc.)	\$	
<b>Less waiver for indigent persons (\$20.00)**</b>	\$	
<b>Less reduction for untimely response:</b> \$ ___ subtotal x 5% reduction per day x ___ days	\$	
<b>Part or all of the documents requested are available online at:</b>	\$	
If you prefer to have copies of these documents sent to you, please forward payment to the Department for processing.		
Make check (business/personal) or money order payable to: STATE OF MICHIGAN		
Mail Check/Money Order to:  Michigan Gaming Control Board P.O. Box 30786 Lansing, MI 48909 ATTN: Freedom of Information # <input type="text"/>		<b>TOTAL</b>  \$
<small>*LABOR COSTS WILL BE CALCULATED USING THE LOWEST PAID DEPARTMENT EMPLOYEE CAPABLE OF EACH TASK. IF MORE THAN ONE HOURLY RATE IS USED, THEY WILL BE LISTED ON OTHER COPIES OF THE FORM.            **YOU MUST SUBMIT AN AFFIDAVIT OF INDIGENCY TO QUALIFY FOR THIS FEE WAIVER.            ***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.</small>		<b>DEPOSIT***</b>  \$
For Internal Use Only		
REQUESTED INFORMATION TO BE: Provided without charge Mailed upon receipt of payment Paid and picked up in person	Check / M.O. #  From:	<b>BALANCE TO BE PAID</b>  \$
Date Payment Received:	Date Documents Mailed:	Date Documents Picked Up:
Deposit payment in Agency Account Number:	Cost Center:	Object Code:

Distribution: Requestor  
 Agency  
 Office of Financial Services  
 MGCB FOIA Coordinator