



**FOIA REQUEST FORM
MICHIGAN FREEDOM OF INFORMATION ACT
REQUEST TO VIEW PUBLIC RECORDS UNDER MCL 15.231**

<p align="center">Records Requested</p>	<p>Record requested: (Address and Township or other description)</p> <p>_____</p> <p>Requesting period of records from: <input type="checkbox"/> All records - or - Date range _____ to: _____</p>
<p align="center">Applicant Information</p>	<p>Name of applicant: _____</p> <p>Address: _____ Telephone: _____</p> <p>Representing: <input type="checkbox"/> Self <input type="checkbox"/> Other _____</p> <p>Please check preferred method of receiving FOIA request response:</p> <p><input type="checkbox"/> Email address: _____</p> <p><input type="checkbox"/> Fax (provide fax number): _____</p> <p><input type="checkbox"/> Counter (pick-up at BEDHD Office)</p> <p align="center"><u>*Please allow five business days for response to be processed and made available</u></p> <p>Applicant: _____ Date: _____</p> <p align="center">Signature</p> <ul style="list-style-type: none"> • No pen and ink to be used when handling file copies of records. • No marks to be made on any records. • No original records to be removed from the office. • Only one file folder to be opened at any one time. • No interference with departmental operations. • Records available only during regular business hours of department.
<p align="center">BEDHD DEPARTMENT USE:</p>	<p>Time to process request: _____ x \$/hour = _____</p> <p>Total Number of copies provided: _____ x 10¢/page = _____</p> <p>File No. _____ Total amount due: _____</p> <hr/> <p>Request Approved: _____ Request Denied: _____ (see attached reason for denial)</p> <p>FOIA Coordinator Signature: _____ Date: _____</p>

Revised June 2015 – eatonshare drive/eh_staff/forms/foia/FOIA request FORM June 2015.docx