



# Barry-Eaton District Health Department

Be Active • Be Safe • Be Healthy

Barry County: 330 W. Woodlawn Ave., Hastings MI 49058  
Phone: 269-945-9516 Fax: 269-818-0237

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813  
Phone: 517-541-2615 Fax: 517-543-7737

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

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

Revised June 2015 – eatonshare drive/eh\_staff/forms/foia/FOIA request FORM June 2015.docx