



Office of Administration

PO Box 885
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White Cloud, Michigan 49349
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FOIA Appeal a Denial of Records

Your Name: _____
Your Address: _____

Your FOIA Request No.: _____
Your phone or e-mail: _____

Record(s) You Requested: *(Listed here or see attached copy of original request):*

Reason(s) for Appeal:

The appeal must identify the reason(s) for the denial. You may use this form or attach additional sheets: _____

Requestor's Signature: _____ Date: _____

Entity's Determination:

Our Board must provide a response within 10 business days after receiving this appeal, including a determination. However, it may issue one 10-day extension. We are extending the date to respond to your FOIA fee appeal for no more than 10 business days, until _____ (month, day, year). The unusual circumstances warranting extension are as follows:

Denial Reversed Denial Upheld Denial Reversed in Part and Upheld in Part

Written basis for Board's determination: _____

The following previously denied records will be released: _____
_____.

The FOIA Coordinator will contact you regarding your right to pick up or access.

Notice of Requestor's Right to Seek Judicial Review

If you are dissatisfied with this result, within 180 days of your original request, you are entitled to commence an action in the Michigan Circuit Court to compel disclosure of the requested records if you believe they were wrongfully withheld from disclosure. If, after judicial review, the Court determines that we have not complied with FOIA in making this denial and orders disclosure of all or a portion of a public record, you have the right to receive your attorneys' fees and damages and possible punitive damages in an amount up to \$1,000.00 as well as other appropriate relief under FOIA.

Signature of Chairperson of Entity Board: _____ Date: _____