



Office of Administration

PO Box 885
1087 Newell
White Cloud, Michigan 49349
Phone: (231) 689-7234
Fax: (231) 689-7205

FOIA Fee Appeal

Your Name: _____

Your FOIA Request No.: _____

Your Address: _____

Your phone or e-mail: _____

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

Reason(s) for Appeal:

Your appeal must identify the category of charges or costs that you believe are inappropriate and why, as well as the amount of charges or costs you believe would be appropriate. You may use this form or attach additional sheets: _____

Requestor's Signature: _____ Date: _____

Entity's Determination:

Our Board or designee 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:

- Fee Waived Fee Reduced Fee Upheld

Written basis for Board's or designee's determination: _____

Notice of Requestor's Right to Seek Judicial Review

If you are dissatisfied with this decision and you believe the charges exceed the amount permitted under our written policies or under FOIA, you may commence an action in the Michigan Circuit Court for a fee reduction within 45 days after receiving the notice of the above decision. We are not obligated to compete processing the request until the Court resolves the fee dispute. If the Court determines that we required a fee that exceeded the permitted amount, the Court shall reduce the fee to a permissible amount and may award you damages, including punitive damages up to \$500 as well as your costs and attorneys' fees and other appropriate relief under FOIA.

Signature of Chairperson of Entity Board: _____ Date: _____