



Public Health
Delta & Menominee Counties



****To be used for FOIA requests only****

Attention: FOIA Coordinator

This is an original request for information pursuant to the **Freedom of Information Act**, Act 442, Public Acts of 1976. Please provide copies of:

- I understand that I will be required to pay the prorated **hourly rate** of the lowest paid, full-time, permanent employee able to search for and prepare requested item(s) for viewing, copying, scanning, transferring, or transmitting.

(Prorated hourly rate is \$13 to \$26 - determined by security level of documents requested.)

- I understand **copying** costs are \$0.15 per black & white page and \$0.25 per color page. Material costs, such as tapes or CDs, will be additional.
- I understand PHDM has five (5) business days to comply with this request. I will be notified within this time frame of a need for an extension (10 days maximum) or of any decision not to comply with this request and the reasons thereof.

Sincerely,

Signature

Printed Name

Date

Address

Phone #

City/State/Zip

- I will pick up
- Mail to above address (actual postage will apply)
- E-mail to: _____

If the above terms are acceptable, please complete form and return to:

FOIA Coordinator, Public Health, 2920 College Avenue, Escanaba, MI 49829
or Fax: (906)786-7004.

Thank you!