

Dickinson-Iron District Health Department

Freedom of Information Act (FOIA) Request/Response Form

Requester's Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Per the Freedom of Information (FOIA) Act, I \_\_\_\_\_  
(Requester's Signature)

am requesting the following records:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

- Your FOIA request was received on \_\_\_\_\_.
- On \_\_\_\_\_ your request was:  
(Date)
  - Approved.**
    - The information will be provided as requested above.
    - The request is granted in part. Please see reason below for partial denial.
      - Your fee for these documents is \$ \_\_\_\_\_.
  - Denied - Reason(s) for Denial:**
    - Partial denial of request because: \_\_\_\_\_
    - Information requested is exempt from disclosure, because: \_\_\_\_\_
    - Record does not exist under the name given or by another name reasonably known to this department.
    - Request was not sufficiently specific.
    - Other: \_\_\_\_\_

If disclosure has been denied, you have the right to file a written appeal with the Board of Health. You must identify the reason or reasons why you think the disclosure denial should be reversed. You also have the right to seek judicial review under §10 of FOIA. If after judicial review, the Circuit Court decides that the Health Department has not complied with FOIA and orders disclosure of all or a portion of the public records denied, you have the right to receive attorney's fees and damages.

EH Public Records: \_\_\_\_\_  
(Environmental Health Representative's Signature) (Date)

Other Public Records: \_\_\_\_\_  
(Health Officer's Signature) (Date)

- File the original FOIA Request/Response form in the FOIA Request File (EH Public Records or Other Public Records)
- A copy of the approved FOIA Request/Response form is filed with the record(s) provided
- Retain FOIA Requests for 1 year