



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: 517-541-2686

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

VISIT OUR WEBSITE: WWW.BARRYEATONHEALTH.ORG

SEE THE FOIA PUBLIC SUMMARY DOCUMENT FOR THE FOIA REQUESTING PROCEDURE

<p>REQUESTING RECORD FOR</p>	<p>Property Address: _____ City: _____</p> <p>Previous Address(if applicable): _____</p> <p>Township: _____ Section number: _____</p> <p>Tax ID #: _____ Owner Name: _____</p> <p>Requesting period of records from(Date range): _____ to: _____</p> <p>Specific records requested (Add additional sheets if needed.): _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Please provide as much information as possible.</p>
<p>REQUESTOR INFORMATION</p>	<p>Name of requestor: _____</p> <p>Address: _____ Telephone: _____</p> <p>Representing: <input type="checkbox"/> Self <input type="checkbox"/> Other _____</p> <p>Please check preferred method of receiving FOIA request response:</p> <p><input type="checkbox"/> Email address: _____</p> <p><input type="checkbox"/> Mail to: _____</p> <p><input type="checkbox"/> Fax (provide fax number): _____</p> <p><input type="checkbox"/> Pick-up at BEDHD Office Charlotte _____ Hastings _____</p> <p style="padding-left: 20px;">• No original records to be removed from the office.</p> <p>Applicant: _____ Date: _____</p> <p style="text-align: center;">Signature or electronic signature</p> <p style="text-align: center;">Please allow five business days for response to be processed and made available</p>
<p>BEDHD DEPARTMENT USE</p>	<p>Facility Number _____ Date Received: _____</p> <p>_____ DB _____ LF reviewed /updated</p> <p>Yes / No - HTML file</p> <p>Yes / No - Well Log found</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin-left: 100px;"></div> <p>Approved: _____ Denied: _____ Partial: _____ (see attached reason for denial and/or partial)</p> <p>FOIA Coordinator Signature: _____ Date: _____</p>