## Tri-Township EMS PO Box 275, 11413 Parland Street Atlanta, Michigan 49709

Phone: (989) 785-4565

## FOIA Appeal Form—To Appeal a Denial of Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request No.: Date Received: Date of This Notice: (Please Print or Type)	Check if received via: Email Fax Other Electronic Method Date <u>delivered</u> to junk/spam folder: Date <u>discovered</u> in junk/spam folder:
Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip
	es onsite Mail to address above Email to address above
Record(s) You Requested: (Listed here or see attached copy of original request)	
Reason(s) for Appeal:  The appeal must specifically identify how the required fee(s) exceed the amount permitted. You may use this form or attach additional sheets:	
Requestor's Signature:	Date:
TTEMS Response:  Tri-Township EMS must provide a response within 10 business days after receiving this appeal, including a determination or taking one 10-day extension.	
TTEMS Extension: We are extending the date to respond to your FOIA fee appeal for no more than 10 business days, until (month, day, year). Only one extension may be taken per FOIA appeal.  Unusual circumstances warranting extension:	
If you have any questions regarding this extension, contact:	
TTEMS Determination:  Denial Reversed Denial Upheld Denial Reversed in Part and Upheld in Part The following previously denied records will be released:	
Notice of Requestor's Right to Seek Judicial Review  You are entitled under Section 10 of the Michigan Freedom of Information Act, MCL 15.240, to appeal this denial to the Tri-Township EMS board or to commence an action in the 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 Tri-Township EMS has not complied with MCL 15.235 in making this denial and orders disclosure of all or a portion of a public record, you have the right to receive attorneys' fees and damages as provided in MCL 15.240. (See back of this form for additional information on your rights.)	

Date:

**Signature of FOIA Coordinator:**