



Western Upper Peninsula Health Department

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Request #2011_____

Date: _____

ATTENTION: ENVIRONMENTAL HEALTH DEPARTMENT

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 I will be required to pay a fee for producing and duplicating records, calculated as follows.
 1. Actual mailing cost
 2. Incremental costs of duplication or publication, to include:
The cost of labor incurred in duplication, mailing, search, review, examination and separation. The cost will be based on the hourly wage of the lowest paid employee who is capable of retrieving the information, multiplied by the actual time spent.
 3. Actual copy cost multiplied by the number of pages, calculated at \$.10 a page. An invoice detailing the above components will be sent with the records requested.

Exempt from the above fees are requests by:

Health care providers who continue care or treatment for our clients
Federal, State, or County authorities as allowed by law
Medicare.

I understand the WUPHD has five (5) days to comply with this request. Please notify me immediately of any decision not to comply and the reasons thereof.

Sincerely,

Signature
Date _____

Print Name

Address

City State Zip

Phone Number