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FOIA	Requests may be submitted via:
Mail:	540 Depot St. Hancock MI, 49930

Email: requests@wuphd.org

Fax: 906-482-9410

For Office Use Only			
FOIA#:			
Date:			

ATTENTION: ENVIRONMENTAL HEALTH DEPARTMENT Date:				
This is an original request for information pursuant to the 1976. Please provide copies of:	Freedom of Information Act, Act 442, Public Acts of			
*Original Name of Owner (Person who applied for permits) _				
*Location Address:*Township*Information Requested:*	*Section*Twp*Range			
☐ I understand I will be required to pay a fee for produc	cing and duplicating records, calculated as follows:			
1) Actual mailing cost				
2) Incremental costs of duplication or publication, to	include:			
1	g, search, review, examination and separation. The vest paid employee who is capable of retrieving the			
3) Actual copy/scanned cost multiplied by the number	er of pages, calculated at \$.10 per page.			
An invoice detailing the above components will be ser	nt with the records requested.			
 Exempt from the above fees are requests by: Health care providers who continue care or treatment Federal, State, or County authorities, as allowed by leading Medicare 				
I understand the WUPHD has ten (10) days to comply any decision not to comply and the reasons thereof.	with this request. Please notify me immediately of			
Sincerely,				
*Signature	*Print Name			
Date	*Address			

 $\underline{\ ^{**}All\ asterisked\ items\ must\ be\ complete}$

*Phone Number

*City State Zip