Western Upper Peninsula
Health Department

Main Office | 540 Depot Street | Hancock, MI 49930 | 906.482.7382

303 Baraga Avenue L'Anse, MI 49946

210 N. Moore Street Bessemer, MI 49911

408 Copper Street Ontonagon, MI 49953

FOIA Requests may be submitted via:
Mail: 540 Depot St. Hancock MI, 49930
Email: requests@wuphd.org
Fax: 906-482-9410

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:

*Original Name of Owner (Person who applied for permits) _____

*Other Property Owner Names _____

*Location Address: _____

*Property Tax ID Number _____

*County: _____ ***Township**_____ ***Section**____ ***Twp**____ ***Range**____

*Information Requested:_____

_____

☐ 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/scanned cost multiplied by the number of pages, calculated at $.10 per 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 several options when responding to written requests for public records. It can grant the FOIA request, deny the request, grant it in part and deny it in part, or take one ten (10) business day extension. After five (5) business days pass, the agency has to respond with one of the other options. 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

**All asterisked items must be complete