

BCCMHA: Keep original and provide copy of both sides, along with Public Summary, to Requestor at no charge.

Barry County Community Mental Health Authority
500 Barfield Drive
Hastings MI 49058
Phone: (269) 948-8041

Denial Appeal Form

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:** _____ **Check if received via:** Email Fax Other Electronic Method
Date of This Notice: _____ **Date delivered to junk/spam folder:** _____

Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip

(Please Print or Type) **Date discovered in junk/spam folder:** _____
Request for: Copy Certified copy Record inspection Subscription to record issued on regular basis
Delivery Method: Will pick up Will make own copies onsite Mail to address above Email to address above
 Deliver on digital media provided by BCCMHA: _____

Record(s) You Requested: (Listed here or see attached copy of original request) _____

Reason(s) for Appeal:

The appeal must identify the reason(s) for the denial. You may use this form or attach additional sheets:

Requestor's Signature: _____ **Date:** _____

BCCMHA Response:

BCCMHA must provide a response within 10 business days after receiving this appeal, including a determination or taking one 10-day extension.

BCCMHA 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: _____

BCCMHA 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 BCCMHA 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 BCCMHA 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.)

Signature of FOIA Coordinator: _____

Date: _____