

City of Alma
525 East Superior Street, Alma, MI 48801
989-463-8336

FOIA Appeal Form-To Appeal A Denial of Records

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

REQUESTOR INFORMATION:

Name:	Phone:	
Firm/Organization:	Fax:	
Street:	Email:	
City:	State:	Zip:

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:** _____

City Response:

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

City 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 by commencing 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 the County 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: _____