FREEDOM OF INFORMATION ACT

APPEAL OF DENIAL OF RECORD

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, I filed a Freedom of Information Act request with Helen Newberry Joy Hospital and Healthcare Center. A copy of that request and a copy of the Fee Itemization for that request is attached. I believe that the fee for my request exceeds the amount permitted by HNJH’s FOIA Procedures and Guidelines and/or Section 4 of the Freedom of Information Act.

I submit the following appeal of the excessive fee to the Office of the CEO.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain the reason(s) why you feel the CEO should waive or reduce the fee for the processing of your FOIA request (an explanation may be made below or else attached to this form):

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Signature Date

You will receive a response in writing. It will be mailed to you no later than ten (10) days after receipt of your appeal. You may direct any questions to HNJH’s FOIA Coordinator at (906) 293-9246