

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION
 601 NEW JERSEY AVENUE, NW, SUITE 9500
 WASHINGTON, DC 20001
 Phone: (202) 434-9935 Fax: (202) 434-9944

FOIA REQUEST CONTROL FORM

Section A.

Please send the requested information via: **Mail** **Facsimile** **Email** **Office Viewing**

DATE OF REQUEST:	
REQUESTOR'S NAME, ADDRESS, TELEPHONE AND E-MAIL:	
TYPE OF INFORMATION REQUESTED:	
CASE DOCKET NO(S). AND/OR COMPANY NAME(S):	

Section B. (For Commission Use Only)

Request held in abeyance until transcript is received

DATE RECEIVED AT FMSHRC: (FMSHRC DATE STAMP)	
DATE RECEIVED BY RESPONDING EMPLOYEE:	
NO. OF DAYS TO REPLY:	

DATE REQUEST FILLED :	
REQUESTOR CATEGORY:	<input type="checkbox"/> Commercial <input type="checkbox"/> Educational/Media/NC Scientific <input type="checkbox"/> Other
NO. OF PAGES MAILED/COPIED:	
CHARGE:	
REPLY BY FIRST CLASS MAIL OR FACSIMILE:	
REPLY BY E-MAIL: (cc: Linda Ghosal, Stacey Demps Barrett and Emogene Johnson)	
NO. OF HOURS WORKED BY _____ (Employee's Name)	