

FEDERAL MINE SAFETY & HEALTH REVIEW COMMISSION

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**FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM**

REQUESTER INFORMATION			
1. Date Submitted:		2. Requester's Name: Business Name:	
3. E-mail:		4. Phone:	5. Address:
6. Specify Documents/ Information Requested:			
7. Docket No(s):		8. Case Name:	9. Assigned ALJ:
10. Deliver Records via:	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Office Viewing		11. On Appeal:
12. Requester Category:	News Media/ Educational Institution/ Noncommercial Scientific Institution Commercial Entity Other		
13. Additional Comments/Petitions:			
NOTE: FMSHRC HAS 20 WORKING DAYS IN WHICH TO NOTIFY YOU OF ITS DETERMINATION. See 5 U.S.C. § 552(a)(6)(A).			
FOR COMMISSION USE ONLY			
1. DATE REC'D BY FMSHRC:		2. DATE REC'D BY FOIA OFFICE:	
		3. DATE PERFECTED: <i>(If different from Rec'd Date)</i>	
4. REQ. HELD IN ABEYANCE UNTIL REC'T OF: <input type="checkbox"/> RECORDS <input type="checkbox"/> INFO. FROM REQUESTER <input type="checkbox"/> FEE RESOLUTION DATES/DAYS:			
5. TRACK:	<input type="checkbox"/> SIMPLE <input type="checkbox"/> COMPLEX <input type="checkbox"/> EXPEDITED		
6. EXPEDITED PROC. REQ.:	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <i>(If so, state reason):</i>		
7. FEE WAIVER REQ.:	<input type="checkbox"/> NOT ASSESSED <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <i>(If so, state season):</i>		
8. DISPOSITION:	a. <input type="checkbox"/> Full Grant		
	b. <input type="checkbox"/> PARTIAL GRANT	1) EXEMPTION:	2) OTHER REASON:
		3) TYPES OF RECORDS/INFO. WITHHELD:	
	c. <input type="checkbox"/> DENIAL	1) EXEMPTION:	2) OTHER REASON:
3) TYPES OF RECORDS/INFO. WITHHELD:			
9. NO. OF DAYS TO INFORM OF DECISION:	10. DISPOSITION DATE:	11. <input type="checkbox"/> CONSULT - AGENCY: OPINION/RECOMM.:	
12. NO. OF PAGES RELEASED:	13. RELEASED VIA: <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> OFFICE VIEWING		
14. FEE CAT.: <input type="checkbox"/> COM <input type="checkbox"/> ED <input type="checkbox"/> OT	15. FEE CHARGED: <input type="checkbox"/> NO <input type="checkbox"/> YES \$		
16. FOIA OFFICER: <input type="checkbox"/> SDB <input type="checkbox"/> TW <input type="checkbox"/> MC	17. TIME WORKED:	18. FPL or OGIS Assisted:	
APPEAL			
Appeal Date:		Appeal Disposition Date:	
Disposition Type: <input type="checkbox"/> Affirm CFO <input type="checkbox"/> Partially Affirm/Reverse CFO <input type="checkbox"/> Reverse CFO			