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:**	Choose an item. Select one
10. Deliver Records via:	☐ E-mail ☐ Fax ☐ Mail ☐ Office Viewing	**11. On Appeal:**	Select one
12. Requester Category:	◯ News Media/ Educational Institution/ Noncommercial Scientific Institution ◯ Commercial Entity ◯ Other		
13. Additional Comments/Petitions:			SUBMIT

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:** *(If diff. from submission date)*	
4. REQ. HELD IN ABEYANCE UNTIL REC'T OF: ☐ RECORDS ☐ INFO. FROM REQUESTER ☐ FEE RESOLUTION DATES/DAYS:			
5. TRACK:	☐ SIMPLE ☐ COMPLEX ☐ EXPEDITED		
6. EXP. PROC. REQ.:	☐ GRANTED ☐ DENIED (IF SO, STATE REASON):		
7. F.W. REQ.:	☐ NOT ASSESSED ☐ GRANTED ☐ DENIED (IF SO, STATE REASON):		
8. DISPOSITION:	a. ☐ Full Grant		
	b. ☐ PARTIAL GRANT/ DENIAL	1) EXEMPTION: Select one	2) OTHER REASON: Select one
		3) TYPES OF RECORDS/INFO. WITHHELD:	
	c. ☐ DENIAL	1) EXEMPTION: Select one	2) OTHER REASON: Select one
		3) TYPES OF RECORDS/INFO. WITHHELD:	
9. NO. OF DAYS TO INFORM OF DECISION:	**10. DISPOSITION DATE:**	**11. ☐ CONSULT A AGENCY: OPINION/RECOMM.:**	
12. NO. OF PAGES RELEASED:	**13. RELEASED VIA:** ☐ E-MAIL ☐ FAX ☐ MAIL ☐ OFFICE VIEWING		
14. FEE CAT.: ☐ COM ☐ ED ☐ OT	**15. FEE CHARGED:** ☐ NO ☐ YES $		
16. FOIA OFFICER: ☐ SDB ☐ TW ☐ EJ	**17. TIME WORKED:**		

APPEAL

Appeal Date:		Appeal Disposition Date:	
Disposition Type:	☐ Affirm CFO	☐ Partially Affirm/Reverse CFO	☐ Reverse CFO