

FEDERAL MINE SAFETY & HEALTH REVIEW COMMISSION

1331 Pennsylvania Ave., N.W., Ste. 520N, Washington D.C. 20004-1710


Phone: 202/434-9935 • Fax: 202/434-9944

Email: FOIA@FMSHRC.gov



**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.
10. Deliver Records via:		11. On Appeal: Choose an item.	
		<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Office Viewing	
12. Requester Category:		<input type="radio"/> News Media/ Educational Institution/ Noncommercial Scientific Institution <input checked="" type="radio"/> Commercial Entity <input type="radio"/> Other	
13. Additional Comments/Petitions:			 <input type="button" value="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: <i>(If diff. from submission date)</i>	
4. REQ. HELD IN ABEYANCE UNTIL RECT 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. EXP. PROC. REQ.:		<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED (IF SO, STATE REASON):			
7. F.W. REQ.:		<input type="checkbox"/> NOT ASSESSED <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED (IF SO, STATE REASON):			
8. DISPOSITION:		a. <input type="checkbox"/> Full Grant			
		b. <input type="checkbox"/> PARTIAL GRANT/DENIAL		2) OTHER REASON: Choose an item.	
		3) TYPES OF RECORDS/INFO. WITHHELD:			
		c. <input type="checkbox"/> DENIAL		2) OTHER REASON: Choose an item.	
3) TYPES OF RECORDS/INFO. WITHHELD:					
9. NO. OF DAYS TO INFORM OF DECISION:		10. DISPOSITION DATE:		11. <input type="checkbox"/> CONSULT A 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"/> EJ		17. TIME WORKED:			

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	