

FEDERAL MINE SAFETY & HEALTH REVIEW COMMISSION

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


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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.
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: Choose an item.
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 REC'T OF: <input type="checkbox"/> RECORDS <input type="checkbox"/> INFO. FROM REQUESTER <input type="checkbox"/> FEE RESOLUTION DATES/DAYS: Click here to enter text.							
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		1) EXEMPTION: Choose an item.		2) OTHER REASON: Choose an item.	
		3) TYPES OF RECORDS/INFO. WITHHELD:					
		c. <input type="checkbox"/> DENIAL		1) EXEMPTION: Choose an item.		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			