



# Barry-Eaton District Health Department

Be Active • Be Safe • Be Healthy

Barry County: 330 W. Woodlawn Ave., Hastings MI 49058  
Phone: 269-945-9516 Fax: 269-818-0237

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813  
Phone: 517-541-2615 Fax: 517-541-2686

## FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

VISIT OUR WEBSITE: [WWW.BARRYEATONHEALTH.ORG](http://WWW.BARRYEATONHEALTH.ORG)

SEE THE FOIA PUBLIC SUMMARY DOCUMENT FOR THE FOIA REQUESTING PROCEDURE

<b>REQUESTING RECORD FOR</b>	<p>Property Address: <u>N/A</u> City: <u>N/A</u></p> <p>Previous Address(if applicable): <u>N/A</u></p> <p>Township: <u>N/A</u> Section number: <u>N/A</u></p> <p>Tax ID #: <u>N/A</u> Owner Name: <u>N/A</u></p> <p>Requesting period of records from(Date range): <u>2/1/2021</u> to: <u>3/3/2021</u></p> <p>Specific records requested (Add additional sheets if needed.): <u>All emails sent to, from or cc'd with</u> <u>Colette Scrimger and/or Dr. J. Daniel Woodall since February 1, 2021, including any of the following keywords:</u> <u>"Bellamy"; "IBC"</u></p> <p><b>Please provide as much information as possible.</b></p>
<b>REQUESTOR INFORMATION</b>	<p>Name of requestor: <u>Derek Kravitz</u></p> <p>Address: <u>2950 Broadway New York, NY 10027</u> Telephone: <u>573-239-7440</u></p> <p>Representing: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Other <u>Columbia University</u></p> <p>Please check preferred method of receiving FOIA request response:</p> <p><input checked="" type="checkbox"/> Email address: <u>drk2134@columbia.edu</u></p> <p><input type="checkbox"/> Mail to: _____</p> <p><input type="checkbox"/> Fax (provide fax number): _____</p> <p><input type="checkbox"/> Pick-up at BEDHD Office Charlotte _____ Hastings _____</p> <p><input type="checkbox"/> No original records to be removed from the office.</p> <p>Applicant: <u>Derek Kravitz</u> Digitally signed by Derek Kravitz Date: 2021.03.03 11:59:22 -05'00' Date: <u>3/3/2021</u></p> <p>Signature or electronic signature</p> <p><b>Please allow five business days for response to be processed and made available</b></p>
<b>BEDHD DEPARTMENT USE</b>	<p>Facility Number _____ Date Received: _____</p> <p>____ DB ____ LF reviewed /updated</p> <p>Yes / No - HTML file <b>NOT APPLICABLE TO REQUEST. SEE ATTACHED.</b></p> <p>Yes / No - Well Log found</p> <p>Approved: <u>X</u> Denied: _____ Partial: _____ (see attached reason for denial and/or partial)</p> <p>FOIA Coordinator Signature: <u>Deb Fuller</u> Date: <u>03/05/2021</u></p>

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