



**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

<p><b>REQUESTING RECORD FOR</b></p>	<p>Property Address: <input type="text" value="N/A"/> City: <input type="text" value="N/A"/></p> <p>Previous Address(if applicable): <input type="text" value="N/A"/></p> <p>Township: <input type="text" value="N/A"/> Section number: <input type="text" value="N/A"/></p> <p>Tax ID #: <input type="text" value="N/A"/> Owner Name: <input type="text" value="N/A"/></p> <p>Requesting period of records from(Date range): <input type="text" value="2/1/2021"/> to: <input type="text" value="3/3/2021"/></p> <p>Specific records requested (Add additional sheets if needed.): <input type="text" value="All emails sent to, from or cc'd with Colette Scrimger and/or Dr. J. Daniel Woodall since February 1, 2021, including any of the following keywords: 'Bellamy'; 'IBC'"/></p> <p style="text-align: center;"><b>Please provide as much information as possible.</b></p>
<p><b>REQUESTOR INFORMATION</b></p>	<p>Name of requestor: <input type="text" value="Derek Kravitz"/></p> <p>Address: <input type="text" value="2950 Broadway New York, NY 10027"/> Telephone: <input type="text" value="573-239-7440"/></p> <p>Representing: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Other <input type="text" value="Columbia University"/></p> <p>Please check preferred method of receiving FOIA request response:</p> <p><input checked="" type="checkbox"/> Email address: <input type="text" value="drk2134@columbia.edu"/></p> <p><input type="checkbox"/> Mail to: <input type="text"/></p> <p><input type="checkbox"/> Fax (provide fax number): <input type="text"/></p> <p><input type="checkbox"/> Pick-up at BEDHD Office Charlotte <input type="text"/> Hastings <input type="text"/></p> <p><input type="checkbox"/> No original records to be removed from the office.</p> <p>Applicant: <input type="text" value="Derek Kravitz"/> Digitally signed by Derek Kravitz Date: 2021.03.03 11:59:22 -05'00' <span style="float: right;">Date: <input type="text" value="3/3/2021"/></span></p> <p style="text-align: center;">Signature or electronic signature <b>Please allow five business days for response to be processed and made available</b></p>
<p><b>BEDHD DEPARTMENT USE</b></p>	<p>Facility Number _____ Date Received: <input type="text"/></p> <p>____ DB ____ LF reviewed /updated</p> <p>Yes / No - HTML file <span style="color: red;">NOT APPLICABLE TO REQUEST. SEE ATTACHED.</span></p> <p>Yes / No - Well Log found</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>MAR 03 2021</p> <p><i>[Signature]</i></p> </div> <p>Approved: <input checked="" type="checkbox"/> Denied: _____ Partial: _____ (see attached reason for denial and/or partial)</p> <p>FOIA Coordinator Signature: <input type="text" value="Deb Fuller"/> Date: <input type="text" value="03/05/2021"/></p>