

SAMPLE FREEDOM OF INFORMATION ACT APPEAL LETTER

A sample FOIA appeal letter is shown below. Keep a copy of your appeal. You may need to refer to it in further correspondence with the agency.

Principal Deputy Administrator
Centers for Medicare & Medicaid Services
Room C5-16-03
Baltimore, MD 21244-1850

Re: Freedom of Information Act Appeal

Dear :

This is an appeal under the Freedom of Information Act.

On (date), I requested documents under the Freedom of Information Act. My request was assigned the following identification number: _____. On (date), I received a response to my request in a letter signed by (name of official). I appeal the denial of my request.

[Optional] I enclose a copy of that response letter.

[Optional] The documents that were withheld must be disclosed under the FOIA because (provide details you would want an agency head or appeal officer to consider when deciding your appeal.)

[Optional] I appeal the decision to deny my request for a waiver of fees. I believe that I am entitled to a waiver of fees. Disclosure of the documents I requested is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest. (Provide details)

[Optional] I appeal the decision to require me to pay review costs for this request. I am not seeking the documents for a commercial use. (Provide details)

[Optional] I appeal the decision to require me to pay search and/or review charges for this request. I am a representative of the news media seeking information as part of news gathering and not for commercial use.

[Optional] I appeal the decision to require me to pay search and/or review charges for this request. I am a representative of an educational institution seeking information for a scholarly purpose.

[Optional] I appeal the decision to require me to accept the information I seek in a paper or hardcopy format. I requested this information, which the agency maintains in an electronic form, in an electronic format, specifically on a personal computer disk [or a CD-ROM].

[Optional] If you have any questions about handling this appeal, you may telephone me at _____ [home / office / mobile phone.]

Thank you for your consideration of this appeal.

Sincerely,

Name

Address

City, State, Zip Code

Telephone number [Optional]