

EXHIBIT 8

Request - SBA-2024-003895

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Requester Details

To modify request details please update your requester profile or contact the our office for assistance.

Mike Howell

The Heritage Foundation / The Daily Signal
214 Massachusetts Ave NE
Washington, DC 20002
Phone 2023657033
oversightproject@heritage.org

Requester Default Category: News Media

Request Details

Date Requested 04/23/2024
Received Date 04/23/2024
Status Assigned for Processing

General Information

Action Office Office of Hearings and Ap
Action Office Instructions FOIA, FOIA/PA, Privacy
Request Type FOIA
Requester Category News Media
Delivery Mode -----Select-----

Privacy Request

Are these records for yourself -----Select-----

A requester who is making a request for records about himself or herself must comply with the verification of identity provision set forth in subpart B of this part. The Certification of Identity form, available at http://www.justice.gov/oip/forms/cert_ind.pdf, may be used by individuals who are making requests for records pertaining to themselves.

Where a request for records pertains to another individual, a requester may receive greater access by submitting either a notarized authorization signed by that individual or a declaration made in compliance with the requirements set forth in 28 U.S.C. 1746 by that individual authorizing disclosure of the records to the requester, or by submitting proof that the individual is deceased (e.g., a copy of a death certificate or an obituary). As an exercise of administrative discretion, each component can require a requester to supply additional information if necessary in order to verify that a particular individual has consented to disclosure.

Shipping Address

Street1 214 Massachusetts Ave NE Street2
City Washington State District of Columbia
Country United States Zip Code 20002

Request Information

Description

See attached

Date Range for Record Search:
From(mm/dd/yyyy)

To
(mm/dd/yyyy)

Description Document

[Add Attachment](#) -2024-04-23 FOIA to SBA re MI SoS 14019.pdf -FOIA Request confirmation #1171236.pdf

Fee Information

Fee Waiver Requested

[Add Attachment](#)

Fee Waiver Request Reason

See attachment.

Willing to Pay All Fees

Willing Amount (\$)

50.00

Expedite Information

Expedite Requested

[Add Attachment](#)

Expedite Reason

See attachment.

Expedite Request Status

TBD

Requester Privacy Disclaimer

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