



JACKSON COUNTY

OFFICE OF THE SHERIFF

212 W. Wesley St. Jackson, Michigan 49201 Telephone (517) 768-7900

Daniel H. Heyns
Sheriff

Thomas G. Finco
Undersheriff

Freedom of Information Act Request Form

Date of Request: _____

Pursuant to the Michigan Freedom of Information Act, PA 442 of 1976 I am requesting a copy of the following records from the Jackson County Office of the Sheriff records/911 division.

Requestor: _____ D. O. B.: _____

Date and Time of Incident: _____

Location of Incident: _____

Agency handling Complaint: _____

Agency Incident Report Number: _____

Suspect's Name: _____ D. O. B.: _____

Nature of Incident: _____

Information Requested:

- Reports
- 911 Telephone Call
- Other (Please Explain) _____
- Background Check
- 911 Radio Traffic

I understand that the above information is subject to review by the Jackson County Office of the Sheriff before it may be released to me. I understand that the Sheriff may request an extension of ten (10) business days in which to respond to my request and hereby agree to allow an extension of such time if needed to respond.

I further understand that F.O.I.A. allows a researching and processing fee and agree to pay such charges.

Signature of Requestor

Date

Requestor's Address

City/State

Zip

Phone Number

Official Use Only:

Date Received:	_____	By:	_____	Fee:	_____
Date Received by 911:	_____	By:	_____	Date Paid:	_____
Date Completed:	_____	By:	_____	Received By:	_____
Date Requestor Notified:	_____	By:	_____		