



# JACKSON COUNTY OFFICE OF THE SHERIFF

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

Steven P. Rand  
Sheriff

Christopher A. Kuhl  
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:

- |   |  |
|---|--|
| <input type="checkbox"/> Reports                      | <input type="checkbox"/> Background Check  |
| <input type="checkbox"/> 911 Telephone Call           | <input type="checkbox"/> 911 Radio Traffic |
| <input type="checkbox"/> Other (Please Explain) _____ |  |

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: _____	