SAGINAW COUNTY 9-1-1
FREEDOM OF INFORMATION REQUEST FORM

Saginaw County 9-1-1
FOIA Coordinator
618 Cass Street
Saginaw, MI 48602

Office: (989) 797-4590
Email: 911@saginawcounty.com
Submittal Instructions:
Print, sign, and date request then send by mail or email

In accordance with the Freedom of Information Act (MCL 15.231 et seq, Public Act 553 of 1997), as amended, and the Saginaw County 9-1-1 Freedom of Information Request Policy, I am asking for the following information:

Date of incident: _____

Time of incident: _____

Location/address of incident: _____

Phone number from which the 911 call originated: _____

Describe the public record(s) as specifically as possible (individual, vehicle description, nature of incident, etc.):

_____

_____

_____

Please check item(s) you are requesting:

_____ Dispatch Notes   _____ 911 Call Audio

I understand the Act allows a public body to charge a fee which will be calculated according to the worksheet on the reverse side of this request.

Do not send payment with request
Payment will be calculated and due upon receipt of a granted FOIA Request

(PRINT CLEARLY)

Full Name:_____   Company:_____

Address: _____   City:_____State: _____ Zip Code: _____

Phone:_____   E-mail Address: _____

Signature: _____   Date: _____

Office use only: Date Received: _____ ☐ email ☐ Mail ☐ Other Initials:_____

Pursuant to the Michigan Freedom of Information Act, the following costs will be charged for responses to FOIA requests.		
Cost Per Page of Document:	**Number of Pages:** x_____=	**Total Cost** $_____
Media: (tape/disk/drive/audio file):_____ Cost:_____	**Number:** x_____=	**Total Cost** $_____
Labor Cost for Searching For, Locating, and Examining Records (15 minute increments rounded down) **Hourly Rate Charged:** _____	**Minutes Spent:** x_____=	**Total Cost** $_____
Labor Cost for Searching For, Redacting Records (15 minute increments rounded down) **Hourly Rate Charged:** _____ Name of firm/individual if contracted labor used: _____	**Minutes Spent:** x_____=	**Total Cost** $_____
Labor Cost for Duplication/Publication of Records (15 minute increments rounded down) **Hourly Rate Charged:** _____	**Minutes Spent:** x_____=	**Total Cost** $_____

Mailing:
                                  Envelope: $_____
 	
                                  Postage $_____
	Number of Envelopes:
	x_____=
	
	Postage:
	x_____=
		Total Cost
		$_____
		
		$_____

	Subtotal	$_____
Indigent or Designated Non-Profit Credit	**Subtract up to $20.00**	$_____
	Estimated Cost	$_____
Note: Estimated Cost exceeds $50.00 Good Faith Deposit of 50% required <u>before</u> request will be processed	**Date Paid:**	**Deposit:** $_____
	Date Paid:	**Balance:** $_____