

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

Date: \_\_\_\_\_

Saginaw County 9-1-1  
618 Cass Street  
Saginaw, MI 48602  
(989) 797-4590

In accordance with the Freedom of Information Act (MCL 15.231 et seq, Public Act 553 of 1997), as amended, I am asking for the following information:

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location/phone number of incident: \_\_\_\_\_

Nature of incident (be specific): \_\_\_\_\_

I understand the Act allows a public body to charge a fee. Said fee is as follows: (indicate one)

\_\_\_\_\_ \$ 25.00 per audio CD                      \_\_\_\_\_ \$ 5.00 per sheet of dispatch information

***Please pay with exact cash or check only, made out to Saginaw County 9-1-1***

**(Please print clearly)**

Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Signature