OGEMAW COUNTY SHERIFF'S OFFICE

FREEDOM OF INFORMATION ACT
REQUEST FORM

DATE OF REQUEST: _____

REQUESTOR'S NAME: _____

REQUESTOR'S MAILING ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

REQUESTOR'S PHONE NUMBER: (*Include area code)*

Days: _____ **Nights:** _____

INCIDENT DATE	INCIDENT TIME	INCIDENT NUMBER

ADDRESS/LOCATION OF INCIDENT	OFFICER INVOLVED

NAME(S) OF PERSON(S) INVOLVED

INFORMATION REQUESTED (EX.: REPORT, PHOTOS, UD-10)

I Request that the material be:

☐ **Mailed to address given** ☐ **Emailed (include email address)** ☐ **In Person**

Pursuant to the Freedom of Information Act, there may be financial costs related to the reproducing of the above. My signature verifies that I agree to pay said costs and understand that Ogemaw County Sheriff's Office has 5 business days to reply to this request.

REQUESTOR'S SIGNATURE: _____