

**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@saginawcounty911.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: _____

ATTACHMENT I
Freedom of Information Act Request Cost Worksheet

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: \$ _____