

FREEDOM OF INFORMATION ACT WRITTEN REQUEST

(This form to be used for requests to the Allegan County Sheriff's Office only)

When complete, forward this form by fax, mail, or in person to:

FOIA Coordinator FAX (269) 673-0406
Allegan County Sheriff's Office
112 Walnut St.
Allegan, MI 49010

Today's Date: _____

I am requesting information on:

NAME: _____ **GENDER:** ___ M ___ F

AGE: _____ **DATE OF BIRTH:** _____

DRIVER'S LICENSE # (If known): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Specific description of police record(s) being sought regarding the above listed person:

Do you wish to obtain a copy of this information: ___ yes ___ no

I certify that the above information is correct to the best of my knowledge. I hereby agree to reimburse the Allegan County Sheriff's Office for any costs incurred in processing this request that are allowable under the Michigan Freedom of Information Act, PA 442 of 1976 as amended.

Your Name (please print): _____

Your Signature: _____

Your Complete Address: _____

Your Phone Number: _____