



MECOSTA COUNTY SHERIFF'S OFFICE

BRIAN S. MILLER, SHERIFF · GARY B. GREEN, UNDERSHERIFF
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FREEDOM OF INFORMATION ACT REQUEST

THERE MAY BE A CHARGE FOR THIS INFORMATION

ALL BOLD ITEMS MUST BE COMPLETED IN ORDER TO PROCESS REQUEST

YOUR NAME: _____

ADDRESS: _____

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

DATE OF REQUEST: _____ **DATE OF INCIDENT:** _____ **REPORT#:** _____

REASON FOR REQUEST: _____

NATURE OF INCIDENT: _____

NAMES INVOLVED IN INCIDENT: _____

SPECIFIC INFORMATION REQUESTED: _____

SIGNATURE OF PERSON MAKING REQUEST: _____

FOR OFFICE USE ONLY		
REC'D BY: _____	EXT. DUE: _____	FINAL DUE: _____
ACTIVITY		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
APPROVED: _____	DENIED: _____	
SIGNATURE AND DATE	SIGNATURE AND DATE	