

**Jackson, Michigan Police and Fire Departments**  
**Request for Public Records**  
**Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231 et seq.**

**PLEASE PRINT**

**Requestor Information**

Name:	Phone #:	Email Address:		
Address:	City:	State:	ZIP:	
Company:	Client Name:		Reference #:	

*The City may charge a fee for preparing records to be inspected or released under Michigan FOIA law.*

**Requested Record(s)** (Use back of form for additional incident #s.)

Incident #:	Date of Incident:	Location of Incident:		
Subject Name:	Involvement (Victim, Suspect, Parent):	DOB:	Sex:	

Type of Record Requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Fire Run Report   | <input type="checkbox"/> Police Report |
| <input type="checkbox"/> In-Car Video  | <input type="checkbox"/> Photographs   |
| <input type="checkbox"/> Dispatch Incident Report (Report of dispatch information)           |  |
| <input type="checkbox"/> Subject Activity Report (List subject's name & date of birth) _____ |  |
| <input type="checkbox"/> Address Incident Analysis Report (List full address) _____          |  |
| <input type="checkbox"/> Other (Describe): _____   |  |

*Your response from the City of Jackson may come from the Police Department, Fire Department, or Office of the City Attorney. Typical responses come within five (5) business days, however the City may extend that deadline by ten (10) days if needed. If an extension is necessary, you will be notified in writing.*

**Delivery Method - Please select one:**

- Pick Up at Police Dept. (You will be notified by telephone.)
- U.S. Mail to Address Above
- E-mail to: \_\_\_\_\_
- Inspect Copies of Records. (You will be contacted for an appointment.)

**Submit request in one of the following ways:**

Mail To: Jackson Police Dept.  
 FOIA Coordinator  
 216 E. Washington Ave.  
 Jackson, MI 49201

Email: [JPDRecords@CityOfJackson.org](mailto:JPDRecords@CityOfJackson.org)

Fax: (517) 788-4126

<b>For Department Use Only:</b>	
Request Received By:	_____
Date Received:	_____
ID Verified:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Additional:	<input type="checkbox"/>

Incident #:	Date of Incident:	Location of Incident:		
Subject Name:	Involvement (Victim, Suspect, Parent):	DOB:	Sex:	

Type of Record Requested:

Fire Run Report
   
  Police Report  
 In-Car Video
   
  Photographs  
 Dispatch Incident Report (Report of dispatch information)  
 Subject Activity Report (List subject's name & date of birth) \_\_\_\_\_  
 Address Incident Analysis Report (List full address) \_\_\_\_\_  
 Other (Describe): \_\_\_\_\_

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 Other (Describe): \_\_\_\_\_

<b>For Department Use Only:</b>		Extension Filed:	_____
Logged: <input type="checkbox"/>		Date Completed:	_____
PDF: <input type="checkbox"/>		Costs Associated:	_____
	FOIA Completed By:	_____	_____
	Completed:	_____	_____