# Jackson, Michigan Police and Fire Departments

**Request for Public Records**


**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Requestor Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Company:</td>
<td>Client Name:</td>
</tr>
</tbody>
</table>

*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:

- [ ] Fire Run Report
- [ ] In-Car Video on DVD
- [ ] Dispatch Incident Report (Report of dispatch information)
- [ ] Subject Activity Report (Listing of reports connected to a specific subject)
- [ ] Address Incident Analysis Report (Listing of dispatches to a specific address)
- [ ] 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

Fax: (517) 788-4126

**For Department Use Only:**

Request Received By: __________

Date Received: __________

ID Verified: Yes: [ ] No: [ ]
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<th>FOIA Completed By:</th>
<th>Date Completed:</th>
<th>How Completed:</th>
<th>Costs Associated:</th>
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