

FREEDOM OF INFORMATION REQUEST FORM  
for City of Jackson Police *and* Fire Departments

***Complete as much information below as possible.***

Submit your request to: City of Jackson Police and Fire Departments FOIA Coordinator  
By Mail: 216 E. Washington Ave. Jackson, MI 49201  
By Fax: (517) 788-4129  
By Email: [JSherman@cityofjackson.org](mailto:JSherman@cityofjackson.org)

Pursuant to the Michigan Freedom of Information Act, P.A. 442 of 1976, I am requesting the following:

Department: Police  Fire  Date of Request: \_\_\_\_\_

Incident #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Victim/Complainant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Suspect: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

List which item(s) you wish to receive:  
\_\_\_\_\_

*I understand the City of Jackson has **five** business days to respond to my request, and that the above incident is subject to review by the Jackson City Attorney before it may be released to me. I understand that the City may request an extension of **ten** business days in which to respond to my request, and hereby agree to allow an extension if such additional time is needed to respond.*

***I further understand F.O.I.A. allows a researching and processing fee and agree to pay any such charges.***

**PLEASE PRINT:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

By providing an e-mail, you agree that documents may be sent to you at this address.

Signature: \_\_\_\_\_

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***For Department Use Only***

Request Received: \_\_\_\_\_ ID Verified: Y  N  Date: \_\_\_\_\_

Data Clerk Initials

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Cost: \_\_\_\_\_