

# 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  
640 River Street.  
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:**

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**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: \_\_\_\_\_