

Midland County Central Dispatch Authority Written FOIA Request Form

Today's Date: _____

Name of Requestor: _____

Street Address of Requestor: _____ City: _____

State: _____ Zip: _____ County: _____

Telephone Number: _____

Check One: _____ Cassette _____ CD

Document(s)/Information Requesting: _____

Nature of Incident: _____

Date of Incident: _____

Time of Incident: _____

Incident Address/Location: _____

If 9-1-1 Call – Telephone number call was placed from: _____

Requestor's Signature: _____

Date: _____