

Midland County Central Dispatch Authority  
2727 Rodd St.  
Midland, MI 48640

FOIA Request Form

Today's Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Email Address of Requestor: \_\_\_\_\_

Street Address of Requestor: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

Documents Requested: (check one) Disk CD: \_\_\_\_\_ Email Audio File: \_\_\_\_\_

The Public Records you are requesting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
If there is a specific incident involved in your request, please specify the time, date, persons, addresses and/or telephone calls involved:

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

Time of Incident: \_\_\_\_\_

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

If 9-1-1 Call, Telephone number call was placed from (     ) \_\_\_\_\_

By submitting this FOIA request and signing below, I am agreeing to pay all of the costs and charges authorized under FOIA and established through the public entity's FOIA Procedures and Guidelines to which I may obtain a copy on request or access through the entity's website at:  
<http://midland911.org>.

Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_