

**MICHIGAN FREEDOM OF INFORMATION REQUEST
EATON COUNTY CENTRAL DISPATCH**

Incident Description: _____

Date of Incident: _____ Time of Incident: _____

Name of Police, Fire, EMS Agency(ies) Involved: _____

Name(s) Involved in Incident: _____

Incident Report Only – No Recording ()

If you are requesting a recording what do you want us to record?

- () 911 call(s) made to Dispatch
- () Radio traffic from responding agency(ies) & Dispatch

Other information we should know about in order to find this call: _____

After receiving your FOIA request it will take a couple of days to complete. This department will send your FOIA to the Eaton County Controller's Office in the Courthouse and they will mail you your request along with an invoice for the CD, postage, the time it took to complete you FOIA request, and a copy charge (if applicable).

Please print your name and address of where you want your FOIA sent to: _____

Telephone Number: _____

Your Signature: _____ Date: _____