

BERRIEN COUNTY SHERIFF DEPARTMENT

FAX: 269 982 8650

FREEDOM OF INFORMATION ACT REQUEST

Date Received: _____

Name of Requester: _____

(Please print)

Company Representative: _____

Street Address: _____

City/State: _____

Contact Number: _____

Signature of Requestor: _____

Type of Report Requested:

Incident/Accident Report Complaint # _____

Criminal History Record Other _____

Explain other: _____

Name Referred to in Record: _____

DOB: _____ Date of Event: _____

Location of Event: _____

Action Taken:

Document(s) Released per: _____

Request sent to Prosecutor for review: _____

Request Exempted/Denied by: _____

Other: _____

Date Processed: _____ Processed by: _____