



FOIA REQUEST FOR RECORDS

JACKSON COUNTY OFFICE OF THE SHERIFF, 212 WEST WESLEY STREET, JACKSON, MICHIGAN 49201
PHONE: 517-768-7900 FAX: 517-768-5852

YOUR NAME/ORGANIZATION: _____ D.O.B: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME TELEPHONE NUMBER: _____ EMAIL: _____

INFORMATION REQUESTED

COMPLAINT NUMBER: _____

INCIDENT LOCATION / DATE: _____

INCIDENT TYPE: _____

SUSPECT'S NAME: _____

ACCIDENT REPORT	BACKGROUND CHECK	BOOKING PHOTO	INCARCERATION DATES
POLICE REPORT	911 RADIO TRAFFIC	911 TELEPHONE CALL	911 CALL LOG
OTHER (please explain) _____			

I understand that the Jackson County Office of the sheriff must respond to my request for records with in five (5) business days after receiving it, except that the Sheriff's Office may extend the period for an additional ten (10) days. I hereby agree and consent to extending the time for the Jackson County Office of the Sheriff to respond. I acknowledge under MCL 257.503, I (and any organization I might represent) am prohibited from using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report; Disclosing any personal information contained in the report to a third party for commercial solicitation, of an individual, vehicle owner, or property owner listed in the report, until thirty (30) days after the date the report is filed. Violation of this law is a misdemeanor, subject to fines and imprisonment. Further, I understand that I will have to pay for the records before they will be released to me (cash, money order, credit or debit card).

Signature of Requestor

Date

When the requested documents have been compiled, I would like:

Documents MAILED to me. Payment must be received before mailing.

PICK UP the documents.

EMAIL the documents. Payment must be received before emailing.

ELECTRONIC MEDIA (compact disk)

FOR SHERIFF'S OFFICE USE ONLY

Received Date: _____

By: _____

Date of Extension: _____

By: _____

Completed Date: _____

By: _____

Date Requester Notified: _____

By: _____

REQUEST DENIED REQUEST GRANTED REQUEST PARTIALLY GRANTED RECORD IS NON-EXISTENT
REQUEST REDACTED
REASON: _____

For information on how to submit written requests, understanding the written responses, deposit requirements, and fee calculations go to www.jcsd1.org under "Requesting Documents".

FEE CALCULATION FORM

FOR SHERIFF'S OFFICE USE ONLY

ESTIMATED COST

ACTUAL COST

COST	CALCULATION	TOTAL	COST	CALCULATION	TOTAL
Labor (search, Locate Examine)	Hours: _____ @ \$17.40 hr.		Labor (search, Locate Examine)	Hours: _____ @ \$17.40 hr.	
Labor (Separate/Redact)	Hours: _____ @ \$17.40 hr.		Labor (Separate/Redact)	Hours: _____ @ \$17.40 hr.	
Labor (duplicating)	Hours: _____ @ \$19.60 hr.		Labor (duplicating)	Hours: _____ @ \$19.60 hr.	
Paper Copies	# Pages _____ @ \$.40 per Pages		Paper Copies	# Pages _____ @ \$.40 per Pages	
Labor (search, Locate Examine 911 Documents)	Hours: _____ @ \$38.00 hr.		Labor (search, Locate Examine 911 Documents)	Hours: _____ @ \$38.00 hr.	
Labor (Separate/Redact 911 Documents)	Hours: _____ @ \$38.00 hr.		Labor (Separate/Redact 911 Documents)	Hours: _____ @ \$38.00 hr.	
Labor (Search, Locate, Examine Booking Documents)	Hours: _____ @ \$23.00 hr.		Labor (Search, Locate, Examine Booking Documents)	Hours: _____ @ \$23.00 hr.	
Non-Paper Physical Media	# of Disks _____ @ \$1.30 per disk		Non-Paper Physical Media	# of Disks _____ @ \$1.30 per disk	
Other: _____			Other: _____		
Indigent Waiver -\$20			Indigent Waiver -\$20		
SUBTOTAL			SUBTOTAL		
Mailing	Actual Cost		Mailing	Actual Cost	
Additional Fees (listed seperatly)			Additional Fees (listed seperatly)		
TOTAL			SUBTRACT DEPOSIT		
50% DEPOSIT DUE			TOTAL		