

**LIVINGSTON COUNTY 9-1-1 CENTRAL DISPATCH  
EMERGENCY MANAGEMENT**

300 S. Highlander Way

Howell, MI 48843

517-546-4620 Office      517-546-5008 Fax

**Request for Information  
Pursuant to the Freedom of Information Act**

**Date of Request:**

**Assigned FOIA #:**

*(Filled in by Central Dispatch Staff)*

**Requestor's Name:**

**Requestor's Mailing Address:**

City

State

ZIP Code

**Requestor's Phone Numbers (please include area code):**

**Days:**

Area Code / Telephone Number

**Nights:**

Area Code / Telephone Number

**Incident Date(s):**

**Incident Time(s):**

**Incident Number(s):**

**Address/Location of Incident:**

**Name(s) of Parties Involved in Incident:**

**Law Enforcement Agency and/or Officer Involved (if known) in Incident:**

**Information Requested (please be specific)**

**I request that the material be:**

- Mailed to me via United States Postal Service.
- Picked up in person.

*Pursuant to P.A. 442 of 1976, Michigan Freedom of Information Act, there may be financial costs related to the reproducing of the above. My signature verifies that I agree to pay said costs and understand that Livingston County Central Dispatch has five (5) business days to reply to this request.*

**Requestor's Signature:** 