

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: _____

Email address: _____

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: _____