

# Rockwood Fire Department

## Freedom of Information Act Request for Information

(MCLA 15.231 et seq: 4.1808(1). et seq)

Date: \_\_\_\_\_

I the undersigned, hereby request a copy of the Rockwood Fire Department record(s): (Described in detail, including date of incident and report number, if available)

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I understand the Rockwood Fire Department may charge me for this service pursuant to Section 4 of the Act. I hereby agree to pay the charge for the furnishing of this information in advance of receiving same.

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature** \_\_\_\_\_

### For Fire Department Use Only

Request reviewed and approved/denied: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Department Head

Person to whom documents were supplied if different from above signer: \_\_\_\_\_

Description of documents supplied: \_\_\_\_\_

Date document supplied: \_\_\_\_\_ Fee: \_\_\_\_\_

Receipt # \_\_\_\_\_

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