



Branch County Sheriff's Office

Sheriff C. John Pollack

FREEDOM OF INFORMATION REQUEST

Send Completed Hard-Copy Form to: Branch County Sheriff's Office Attn: Freedom of Information Request 580 Marshall Road Coldwater, MI 49036	Questions / Comments: E-Mail: Sheriffbc@countyofbranch.com Fax: (517) 278 - 5698
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I. Requestor Information			
Name of Person Making Request	Company Representing		Date
Street Address	City	State	Zip Code
Phone Number	Client or Insured	Claim / File Number	

II. Type of Report Requested			
<input type="checkbox"/> Criminal History Record		<input type="checkbox"/> UD-10 Traffic Crash Report	
<input type="checkbox"/> Incident Report Number:		<input type="checkbox"/> Photos	<input type="checkbox"/> Other
Name Referred to In Record		Social Security Number * (voluntary)	
Date of Birth (MM/DD/YYYY)	Sex (M/F)	Date of Event (MM/DD/YYYY)	
Location of Event (Street Address, City, Zip Code)			

Describe in detail the records or information sought with enough detail for the public agency to respond. It is extremely important to be specific in the information you are seeking.

BRANCH COUNTY SHERIFF'S OFFICE USE ONLY			
DATE RECEIVED	DATE RESPONSE SENT	DATE PAYMENT RECEIVED	DATE FOIA INFORMATION SENT