



GREGORY S. ZYBURT
MARQUETTE COUNTY SHERIFF

LOWELL A. LARSON
UNDERSHERIFF

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FREEDOM OF INFORMATION REQUEST

Under the Freedom of Information Act, I am requesting a copy of the following report:

Name(s) of Parties Involved: _____

Date of Incident: _____ Complaint Number: (if known) _____

Location of Incident: _____

Type of Information Request (MUST BE SPECIFIC WITH YOUR REQUEST):

Requesting Party: (please print) _____ Signature: _____

Address/City/State/Zip: _____

Phone Number: _____ Date/Time of Request: _____

Employee Receiving Request: _____ Date/Time: _____

File Class Number: _____ Report Number: _____

CIVIL COUNSEL: Approved _____ Denied _____

Denial Reason: _____

Signature: _____ **Date:** _____

Amount Charged: _____ **Amount Paid:** _____