



**MARSHALL DEPARTMENT OF PUBLIC SAFETY
FREEDOM OF INFORMATION REQUEST FORM**

When a request is made for a public safety report, it is necessary that such a report be processed through our "Freedom of Information Records Release" process. See instructions on next page.

Name of Requester: _____ Date: _____

Address of Requester: _____

Contact Information of Requester: _____ Contact Telephone: _____

Method of Distribution – Choose One: Pick Up at MRLEC Building

Email: _____ Facsimile: _____

Mailing Address: _____

Report/Complaint Number: _____ Type Of Report: Accident or Incident or Other

Date of Event: _____ Location: _____

Name(s) Involved Person(s) And Date(s) Of Birth: _____

Describe the public record(s) as specifically as possible: _____

Staff Use Only

How FOIA Request Received: () Letter () In Person. () E-Mail By Dept. Member: _____ Date/Time: _____

Records Use Only Clerical Time: _____ x Rate@ \$18.00/hr= _____ DVD or CD or Photographs _____ x Rate \$1.00 per = _____

Fees waived due to Hardship or Need **Total Cost to Requester: \$ _____**

Records prepared by: _____ Date: _____

Recommendation on Release of Records

Release Partial Denial (Personal Information) Partial Denial (Other) _____

Full Denial (Reason): _____

Signature of Director or Designee:

Notification Date/Time/Method to Requester: _____

Records sent via: Email Facsimile US Mail In Person Unclaimed