



**MONTCALM COUNTY  
CENTRAL DISPATCH AUTHORITY**

657 North State Street  
Stanton, Michigan 48888



**FOIA Request Form**

Date of Request: \_\_\_\_\_

Departmental Use:

YES

NO

Requestor Information: **\*REQUIRED\***

Report/Incident # \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Reason for the Request: \_\_\_\_\_

Check all requested:

911 Call

Radio Transmissions

CAD Report

Non-Emergency Calls

Incident Information:

Type of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

How would you like to receive your information

Email

Will Pick Up

Additional Notes: \_\_\_\_\_

Please email the completed form to [athomas@montcalm911.org](mailto:athomas@montcalm911.org) (Do not fill out the section below).

**ADMINISTRATION USE ONLY**

REQUEST RECEIVED:

Processing:

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

Start Time: \_\_\_\_\_

Completion Time: \_\_\_\_\_

Processing Time (minutes): \_\_\_\_\_

Cost of Request: \_\_\_\_\_

Request Completed By: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Type of Payment:  Cash  Check # \_\_\_\_\_

All FOIA requests that take 30 minutes or less to complete are subject to a flat rate of \$12.00. Any request that takes longer than 30 minutes to complete will be charged an additional .35 cents per minute in addition to the flat rate. This fee will be waived in accordance with fee waivers listed in FOIA and for all agencies that MCCDA services, so long as the request is for departmental use.