



N.I.E.S.A.
 Northeast Ingham Emergency Service Authority
 1296 W Grand River
 Williamston, MI 48895
 Phone: (517) 655-3384 Fax: (517) 655-9384



FOIA REQUEST FORM
 Freedom of Information Act

The Michigan Freedom of Information Act permits persons to request copies of public records. You may be required to pay for costs incurred in retrieving or copying such records. Some records may be exempt from disclosure, or may require additional documentation.

Date of Request: _____

Requested by: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I **am not** requesting records or information relating to a civil action in which I (or a person on whose behalf I am making this request) and NIESA are parties.

Requester's Signature: _____

Description of Records (please print):

Describe, with specificity, the records you are requesting. If you are not sufficiently specific, it may be impossible to identify the records you request and your request may be denied. You may be contacted for clarification.

Fire Department Records (fill out only if requesting records pertaining to a fire department incident)	
Date of Incident: _____	Name of Person Involved: _____
Incident Location: _____	
Your relation to person involved: _____	
Incident records requested:	<input type="checkbox"/> NFIRS Basic Incident Report <input type="checkbox"/> Investigation Report <input type="checkbox"/> Environmental Report
	<input type="checkbox"/> Photographs <input type="checkbox"/> Other (explain)

Ambulance Records (fill out only if requesting records pertaining to an ambulance response)	
Date of Incident: _____	Patient Name: _____
Incident Location: _____	
Your relation to patient involved: _____	
Invoice Number (if known): _____	

You will receive a response within five business days, counted from the day after your request is received. Electronically transmitted requests are deemed received the day after they are sent. NIESA may, within five business days, issue a notice extending the request for not more than ten business days. If the estimated costs exceed \$50, you may be required to provide a deposit before your request will be fulfilled. You will be charged allowable fees under FOIA.

Please select how you would like to receive the requested records: Pick Up Mail Fax Email

RECORDS WILL NOT BE RELEASED UNTIL FULL PAYMENT OF COSTS ARE RECEIVED

Please submit to: NIESA, 1296 W Grand River, Williamston MI 48895
 Fax: (517) 655-9384
 Email: niesa@niesa.org

