

Freedom Of Information Act (FOIA)

Request For Fire Records

Mt. Pleasant
[meet here]

Division of
Public Safety



Date of Request _____

Person Making Request _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

REQUESTING:

Basic Incident Report (NFIRS)

Fire Investigation Report

Date of Fire _____ Address of Fire _____

Environmental Site Assessment

Property Address _____

Property ID Number _____

Business or Owner Name _____

Information Requested: _____

Rental Property Inspection Information

Rental Property Address _____

Information Requested: _____

Other Information Requested

Information Requested: _____

Your Electronic Signature _____ Date: _____

Please send response by: (Choose one) Mail In-Person Pickup

Email _____ Fax _____

For more detailed information visit www.mt-pleasant.org/foia.

Please submit this form via **email to firefoia@mt-pleasant.org** or deliver/mail this form to
804 E. High Street, Mt. Pleasant, MI 48858.

FOR OFFICE USE ONLY: Request Received By _____ Date Received: _____

Notes _____