



Macomb County Animal Control

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animalcontrol@macombgov.org



FREEDOM OF INFORMATION REQUEST

PLEASE PRINT

I request permission to receive documents regarding:

Date of incident: _____ Animals: _____

Location of incident: _____

Other identifying information: _____

Reason for request: _____

Person making the request:

Name (Please print): _____

Address: _____ Phone No: _____