

FREEDOM OF INFORMATION ACT REQUEST

RELEASE OF MEDICAL EXAMINER RECORDS UNDER THE FREEDOM OF
INFORMATION ACT: 1976 PA 442, MCLA 15.231

DATE: _____

In accordance with the Freedom of Information Act, I, the undersigned, am requesting a copy of the Medical Examiner autopsy and toxicology reports for:

NAME OF DECEASED: _____

CASE NUMBER: _____ DATE OF DEATH: _____

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

RELATIONSHIP TO DECEASED: _____

THE 2009 FEE FOR A SET OF AUTOPSY & TOXICOLOGY REPORTS IS \$42.00.
PLEASE INCLUDE YOUR CHECK OR MONEY ORDER PAYABLE TO THE
MACOMB COUNTY HEALTH DEPARTMENT WITH YOUR REQUEST.

**Macomb County Medical Examiner
43585 Elizabeth Road
Mt. Clemens, MI 48043**