REQUEST FOR PUBLIC RECORDS
MICHIGAN FREEDOM OF INFORMATION ACT

TO BE COMPLETED BY REQUESTOR

NAME OF PERSON MAKING REQUEST:

COMPANY REPRESENTING:

MAILING ADDRESS:

CITY:

STATE: ZIP:

PHONE NO:

YOUR CLIENT OR INSURED:

YOUR FILE NUMBER:

TYPE OF REPORT REQUESTED:

☐ INCIDENT REPORT #:_____

☐ OTHER (Describe): _____

_____

NAME REFERRED TO IN RECORD:

SID NUMBER:

FBI NUMBER:

DATE OF BIRTH (Month/Day/Year):

DRIVERS LICENSE NO:

SOCIAL SECURITY NUMBER (Voluntary):

PRISON NO (if any):
DATE OF EVENT (Month/Day/Year):

LOCATION OF EVENT (Street/City, etc.):

_____

_____

SPECIFIC EVENT TO WHICH RECORD REFERS:

_____

_____

METHOD OF ACCESS TO RECORD

☐ MAIL TO REQUESTOR:

☐ MAIL TO (If different than Requestor):

_____

_____

SIGNATURE OF REQUESTOR:

DATE:

AUTHORITY:	Act 442.P.A. of 1976
COMPLETION:	Voluntary

SHERIFF DEPARTMENT PERSONNEL USE ONLY

OFFICIAL RECEIVING REQUEST:

DATE RECEIVED:

METHOD OF REQUEST:
☐ LETTER ☐ IN PERSON

INCIDENT NO:

FILE CLASS:

ACTION TAKEN:
☐ DOCUMENT PROVIDED AT WORKSITE

☐ REQUESTED RECORDS UNAVAILABLE AT WORKSITE, REQUEST FORWARDED TO:

_____

_____

☐ OTHER:_____

SUPERVISING OFFICER'S RECOMMENDATIONS:
☐ RELEASE

☐ EXEMPT / DENY (Explain): _____

_____

SIGNATURE OF PROCESSOR:

DATE REQUEST WAS PROCESSED: