



# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue | Grand Haven | MI | 49417

## MICHIGAN FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

The core purpose of the Freedom of Information Act is to provide the public with information regarding the inner workings of Government and actions of Government Officials. It is not intended to provide access to information of a personal nature about private citizens. With this in mind, I am requesting police reports, and/or information regarding the following:

**Please note, the following fields must be completed or your request may be denied.**

Incident # \_\_\_\_\_

Incident Type:

Incident Date: \_\_\_\_\_

Police     Fire     Medical     Accident

Incident Location (be specific): \_\_\_\_\_

Name referred to in record: \_\_\_\_\_

Relation to Individual(s) in report: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of person requesting: \_\_\_\_\_ Date: \_\_\_\_\_

We will respond to your request in writing within five (5) business days. This response may include an extension of ten (10) business days as allowed under the Act [MCL 15.235(2)(d)]. When the requested records are ready, we will notify you of the cost to obtain them. Payment options include cash, money order, checks, or credit card. Credit card transactions are subject to a convenience fee. Records may be picked up in person, or will be mailed to you after payment is received.

### FOR GHDPs USE ONLY

Date Received: \_\_\_\_\_ FOIA File Number: \_\_\_\_\_

Effective: July 1, 2015