

**REQUEST FOR INFORMATION
PURSUANT TO FREEDOM OF INFORMATION ACT**

Requestor Information:

Request Date: _____

Name: _____

Company/Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Michigan Resident? Yes No

Information Requested:

Provide a brief description of the information you are requesting.

Give specific details if possible (date & address).

Costs:

Incident Report Free

Investigation pictures on CD \$_____.

TOTAL COSTS: \$_____.

By signing below, I certify that the above information is correct to the best of my knowledge. I understand I am responsible for the charges, if applicable, for a copy of the said information.

Requestor's Signature