



General Order #23  
 Enclosure #2  
 Control # \_\_\_\_\_

**MARSHALL POLICE DEPARTMENT**  
**Michigan Freedom of Information Act**  
**REQUEST FOR PUBLIC RECORDS**

**Requester: Read attached instructions before completing applicable areas of this form.**

Name of Requester: _____  Company (If any): _____  Street Address: _____  City: _____ State: _____ Zip: _____  Telephone: _____	Method of Access Desired <input type="checkbox"/> Copies to be Mailed Address (If different from that given at left) _____ _____  <input type="checkbox"/> Copies to be inspected at: _____  <input type="checkbox"/> Other location: (Specify) _____
Your Client or Insured: _____  Your File Number: _____	Signature of Requester: _____ Date: _____
Name Referred to in Record: _____  Date of Birth: _____ Drivers License No. _____  <input type="checkbox"/> Complaint Report (Give report number if known) _____ <input type="checkbox"/> Traffic Accident Report (Give report number if known) _____ <input type="checkbox"/> Criminal History record <input type="checkbox"/> Other Record (Describe) _____ _____  Date of Event (Be Specific) _____  Location of Event (Be Specific) _____  Specific Event to Which Record Refers: _____ _____ _____ _____	<p><b>Police Use Only</b></p> <input type="checkbox"/> Letter Attached <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Department Member Receiving Request: _____ Date: _____ Time: _____ Complaint Number: _____  <input type="checkbox"/> Copy of Requested Records Attached <input type="checkbox"/> Requested Records Unavailable  <p><b>Recommendation On Release of Records</b></p> <input type="checkbox"/> Release <input type="checkbox"/> Partial Denial (Personal Information): <input type="checkbox"/> Partial Denial (Other): <input type="checkbox"/> Full Denial (Reason): _____ _____  Signature of Director or Designee: _____ _____  <p><b>Records Use Only</b></p> Notification Date/Time to Requester: _____  Clerical Look up Time: _____ x Rate _____ = _____  Review Time: _____ x Rate _____ = _____  Number of Pages: _____ x Rate _____ = _____  DVD or CD Duplicates _____ x Rate _____ = _____  Photographs (Pages) _____ x Rate _____ = _____  Total Cost to Requester: _____ \$ _____