



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>Police Use Only</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>Recommendation On Release of Records</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>Records Use Only</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: _____ \$ _____