

**REQUEST FOR PUBLIC RECORDS  
MICHIGAN FREEDOM OF INFORMATION ACT**

<b>TO BE COMPLETED BY REQUESTOR</b>	<b>METHOD OF ACCESS TO RECORD</b>
NAME OF PERSON MAKING REQUEST: _____	<input type="checkbox"/> MAIL TO REQUESTOR:  <input type="checkbox"/> MAIL TO (If different than Requestor): _____ _____
COMPANY REPRESENTING: _____	
MAILING ADDRESS: _____	
CITY: _____	
STATE: _____ ZIP: _____	SIGNATURE OF REQUESTOR: _____
PHONE NO: _____	DATE: _____
YOUR CLIENT OR INSURED: _____	AUTHORITY: Act 442.P.A. of 1976 COMPLETION: Voluntary
YOUR FILE NUMBER: _____	
TYPE OF REPORT REQUESTED:  <input type="checkbox"/> INCIDENT REPORT #: _____  <input type="checkbox"/> OTHER (Describe): _____ _____	<b><u>SHERIFF DEPARTMENT PERSONNEL USE ONLY</u></b>
	OFFICIAL RECEIVING REQUEST: _____
	DATE RECEIVED: _____
	METHOD OF REQUEST: <input type="checkbox"/> LETTER <input type="checkbox"/> IN PERSON
NAME REFERRED TO IN RECORD: _____	INCIDENT NO: _____
SID NUMBER: _____	FILE CLASS: _____
FBI NUMBER: _____	ACTION TAKEN: <input type="checkbox"/> DOCUMENT PROVIDED AT WORKSITE  <input type="checkbox"/> REQUESTED RECORDS UNAVAILABLE AT WORKSITE, REQUEST FORWARDED TO: _____ _____
DATE OF BIRTH (Month/Day/Year): _____	<input type="checkbox"/> OTHER: _____
DRIVERS LICENSE NO: _____	
SOCIAL SECURITY NUMBER (Voluntary): _____	SUPERVISING OFFICER'S RECOMMENDATIONS: <input type="checkbox"/> RELEASE  <input type="checkbox"/> EXEMPT / DENY (Explain): _____ _____
PRISON NO (if any): DATE OF EVENT (Month/Day/Year): _____	SIGNATURE OF PROCESSOR: _____
LOCATION OF EVENT (Street/City, etc.): _____ _____	
SPECIFIC EVENT TO WHICH RECORD REFERS: _____ _____	DATE REQUEST WAS PROCESSED: _____