

REQUEST FOR PUBLIC RECORDS

MICHIGAN FREEDOM OF INFORMATION ACT

(Print or Type Your Request)

TO BE COMPLETED BY REQUESTOR		METHOD OF ACCESS TO RECORD	
NAME OF PERSON MAKING REQUEST		<input type="checkbox"/> MAIL TO REQUESTER <input type="checkbox"/> MAIL TO (If Different Than Requester)	
COMPANY REPRESENTING			
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
CITY		STATE	ZIP CODE
STATE	ZIP CODE	<input type="checkbox"/> INSPECT COPIES AT: (MSP LOCATION) _____	
PHONE NUMBER			
YOUR CLIENT OR INSURED		STATE POLICE WORK UNIT USE ONLY	
YOUR FILE NUMBER			
TYPE OF REPORT REQUESTED		WORK UNIT	DATE RECEIVED
<input type="checkbox"/> INCIDENT REPORT # _____ <input type="checkbox"/> CRIMINAL HISTORY RECORD <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER		METHOD OF REQUEST	
		<input type="checkbox"/> LETTER <input type="checkbox"/> TX <input type="checkbox"/> IN PERSON <input type="checkbox"/> FROM CJIC	
		ACTION TAKEN	
		<input type="checkbox"/> DOCUMENT PROVIDED AT WORK SITE <input type="checkbox"/> COPY OF REQUESTED RECORD TO FOI UNIT <input type="checkbox"/> REQUESTED RECORDS UNAVAILABLE AT WORK SITE. REQUEST FORWARDED TO FOI UNIT <input type="checkbox"/> OTHER	
NAME REFERRED TO IN RECORD		SUPERVISING OFFICER'S RECOMMENDATIONS	
SID NUMBER	FBI NUMBER	<input type="checkbox"/> RELEASE <input type="checkbox"/> EXEMPT/DENY (Attach RI-109)	
DATE OF BIRTH	DRIVER LICENSE NUMBER		
SOCIAL SECURITY NUMBER* (voluntary)		SIGNATURE _____ DATE _____	
PRISON NUMBER (If Any)		DISTRICT/POST/SECTION/UNIT	
DATE OF EVENT (Month/Day/Year)		MAILING ADDRESS: MICHIGAN DEPARTMENT OF STATE POLICE CRIMINAL JUSTICE INFORMATION CENTER FREEDOM OF INFORMATION UNIT 7150 HARRIS DRIVE LANSING, MI 48913	
LOCATION OF EVENT (Street/City/Zip)			
SPECIFIC EVENT TO WHICH RECORD REFERS			

AUTHORITY: 1976 PA 442
COMPLIANCE: VOLUNTARY

* This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.