

SOUTH LYON POLICE DEPARTMENT
REQUEST FOR PUBLIC RECORD
MICHIGAN FREEDOM OF INFORMATION ACT

Name: _____ Phone: _____
Firm/Organization: _____ Fax: _____
Street: _____ City _____
State: _____ Zip _____ Email: _____

Describe the public record(s) as specifically as possible:

Case Number: _____ Date(s) of Incident: _____
Names of Persons Involved: _____
Type of Report (Accident, Arrest, Incident, etc): _____
Additional Details: _____

DELIVERY METHOD (please circle your choice) PICK UP MAIL EMAIL FAX
DIGITAL MEDIA (CD, DVD)

SCHEDULE APPOINTMENT TO INSPECT RECORD(S)

Requestor's Signature _____ Date _____

To be completed by Staff / Police Officer only

Date received _____ Staff Member / Officer _____

Received Via: Person Email Fax Other Electronic Method

Date discovered in junk/spam folder: _____

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- I am designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974, PA 258, MCL 330.1931. (Must fill out waiver of costs)
- I am submitting an affidavit and requesting that I receive the discount for indigence. (must fill out Affidavit of Indigency)

THE CITY OF SOUTH LYON FOIA PROCEDURES AND GUIDELINES AND ITS WRITTEN PUBLIC SUMMARY
ARE AVAILABLE AT WWW.SOUTHLYONMI.ORG