

# South Lyon Police Department

219 Whipple

South Lyon, Michigan 48178

Ph: (248)437-1773 / Fax: (248)437-0459

## REQUEST FOR PUBLIC RECORDS

Authority: Michigan Freedom of Information Act, 1976 PA 442, as amended

Please PRINT or TYPE:

Name _____	Phone Number _____
Firm / Organization _____	Fax Number _____
Address _____	
City/State/Zip _____	

Describe the public records as specifically as possible:

South Lyon Police Department Report Number (s) (if known) _____
Date of Incident (s) (not date reported) _____
Name of Person(s) Involved in report _____
Type of Incident _____
If you are requesting all records on a specific person(s), address, etc., list the time frame (dates) you specifically want researched _____
List any other specifics for your request for public records _____
_____
_____

I wish to obtain a copy of the above listed public records under the Michigan Freedom of Information Act.

I understand that there is a fee for the time and supplies involved in responding to my request for public records and that the records will not be released to me until I have paid the required fee to respond to my request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_