



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

Michigan Freedom of Information Act REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____ Company (If Applicable): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Area Code: (_____) Number: _____	Method of Access Desired: <input type="checkbox"/> Copies to be Mailed Address (If different from that given at left): _____ _____ <input type="checkbox"/> Copies Provided at the Grand Haven Department of Public Safety
Your Client or Insured: _____ Your File Number: _____	Signature of Requestor: _____ Date: _____ _____
Name Referred to in Record: _____ Date of Birth: _____ Drivers Lic. No.: _____ <input type="checkbox"/> Complaint Report Number (If Known): _____ <input type="checkbox"/> Traffic Crash Report Number (If Known): _____ <input type="checkbox"/> Local 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: _____ _____ _____ _____ _____ _____	PUBLIC SAFETY USE ONLY <input type="checkbox"/> Letter Attached <input type="checkbox"/> Telephone Request <input type="checkbox"/> In Person Department Member Receiving Request: _____ Date: _____ Time: _____ AM/PM Complaint Number: _____ Offense Code: _____ <input type="checkbox"/> Copy of Requested Records Attached <input type="checkbox"/> Requested Records Unavailable Recommendation On Release of Records <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 of Public Safety or Designee: _____ Date: _____ _____ Records Use Only Notification Date to Requestor: _____ Time: _____ ***** Number of Pages: __ 1 __ x \$5.00 for first page = Copy Cost _____ Number of Pages: _____ x \$2.00 each addition Page = Copy Cost _____ DVD Duplication: _____ x \$30.00 (Includes In-Car) = Copy Cost _____ CD Duplication: _____ x \$20.00 (Includes Photos) = Copy Cost _____ <p style="text-align: right;">Total Cost to Requestor \$ _____</p>

Mail or Deliver to: FOIA Coordinator, Grand Haven Department of Public Safety
525 Washington Avenue, Grand Haven, MI 49417