

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		STATE	ZIP CODE
STATE	ZIP CODE	<input type="checkbox"/> INSPECT COPIES AT: (MSP LOCATION) _____	
PHONE NUMBER	DATE	SIGNATURE OF REQUESTOR	
YOUR CLIENT OR INSURED		STATE POLICE WORK UNIT USE ONLY	
YOUR FILE NUMBER		OFFICIAL RECEIVING REQUEST	
TYPE OF REPORT REQUESTED		WORK UNIT	DATE RECEIVED
<input type="checkbox"/> INCIDENT REPORT # _____ <input type="checkbox"/> CRIMINAL HISTORY RECORD (Michigan Criminal History records are available immediately by visiting our website at www.michigan.gov/msp and clicking on ICHAT.) <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER		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	
		SUPERVISING OFFICER'S RECOMMENDATIONS	
		<input type="checkbox"/> RELEASE <input type="checkbox"/> EXEMPT/DENY (Attach RI-109)	
NAME REFERRED TO IN RECORD		SUPERVISING OFFICER'S RECOMMENDATIONS	
SID NUMBER	FBI NUMBER	SIGNATURE _____ DATE _____ DISTRICT/POST/SECTION/UNIT	
DATE OF BIRTH	DRIVER LICENSE NUMBER		
SOCIAL SECURITY NUMBER* (voluntary)		MAILING ADDRESS: MICHIGAN DEPARTMENT OF STATE POLICE CRIMINAL JUSTICE INFORMATION CENTER FREEDOM OF INFORMATION UNIT 7150 HARRIS DRIVE LANSING, MI 48913	
PRISON NUMBER (If Any)			
DATE OF EVENT (Month/Day/Year)			
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.