



CITY OF WALLED LAKE POLICE DEPARTMENT
REQUEST FOR PUBLIC RECORDS
FREEDOM OF INFORMATION ACT

I REQUEST TO:
RECEIVE A COPY OF THE REQUESTED RECORDS
REVIEW THE REQUESTED RECORDS PRIOR TO COPYING

Delivery Method (upon payment of balance due): Pick-up records in person Mail to address below

NAME _____ PHONE _____

FIRM/ORGANIZATION _____

FAX _____ E-MAIL _____

STREET _____ CITY _____

STATE _____ ZIP _____

DATE REQUESTED _____

Describe the Public records request:

I HAVE REQUESTED A COPY OF RECORDS OR A SUBSCRIPTION TO RECORDS OR THE OPPORTUNITY TO INSPECT RECORDS PURSUANT TO THE MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15,231, ET SEQ. I UNDERSTAND THAT THE CITY MUST RESPOND TO THE REQUEST WITHIN FIVE (5) BUSINESS DAYS AND A RESPONSE MAY INCLUDE A 10 - BUSINESS DAY EXTENSION. A NOTICE IS PROVIDED FOR A REQUEST OF AN EXTENSION.

SIGNATURE: _____ DATE: _____

You will be notified of any charges or an approximation of the charges if request is extensive. For further information, contact the Police Department at: 248-624-3120

FOIA COMPLETED: _____ COST FOR RECORDS: _____
DATE/INITIAL

Please return to: The Police Department or Fax# 248-669-6435 FOIA # _____