



Neighborhood Services Department

Request for Examination or Copy of Records

P.A. 422 of 1976 Michigan Freedom of Information Act as amended

Date of Request: _____

Name: _____

Date of Birth: _____

Address: _____

Telephone No. _____

Date/Time of Incident: _____

Case Number: _____

Type of Incident: _____

Location of Incident: _____

I am requesting the following record(s) for Inspection or Copying: (Please circle choice): _____

I wish to receive a certified copy of the requested record(s).

“This copy has been compared with the original record and I hereby certify that it is a true and accurate copy of the original record on file with this department, less redactions of exempt information.” _____

Request Received By: In Person Letter/Fax Email

Person Receiving Request: _____ Date: _____