



# Traverse City Police Department Freedom of Information Request

(PLEASE PRINT)



1. **DATE:** \_\_\_\_\_

2. **NAME OF PERSON MAKING REQUEST:**

\_\_\_\_\_ (LAST) (FIRST) (MIDDLE)

3. **ADDRESS:**

\_\_\_\_\_ (STREET)

\_\_\_\_\_ (CITY) (STATE) (ZIP CODE)

4. **CONTACT NUMBER** \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK/CELL PHONE)

(Please circle the preferred contact phone number during day hours 8 a.m. to 3 p.m.)

5. **NAME(S) AND/OR DESCRIPTION OF THE PUBLIC RECORD(S) BEING SOUGHT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **DOES REQUESTOR WISH TO EXAMINE THE RECORD OR OBTAIN A COPY OF IT?**  
(Fees apply to both options)

\_\_\_\_\_ EXAMINE ONLY \_\_\_\_\_ OBTAIN COPY

7. **I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND I HEREBY AGREE TO REIMBURSE THE TRAVERSE CITY POLICE DEPARTMENT FOR ANY COSTS INCURRED IN PROCESSING THIS REQUEST THAT ARE ALLOWABLE UNDER THE MICHIGAN FREEDOM OF INFORMATION ACT.**

**SIGNATURE OF REQUESTOR:** \_\_\_\_\_

**CLERK RECEIVING REQUEST:** \_\_\_\_\_