



# Flat Rock Police Department

25500 Gibraltar Road

Flat Rock, MI 48134

734.782.2496

## Request for Examination or Copy of Record Freedom of Information Request

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Accident Report Number: \_\_\_\_\_

Police Report Number: \_\_\_\_\_

I am requesting the following record for: ( ) visual inspection ( ) hand copying ( ) receive photocopy

Explain in detail the report/document being requested - **BE SPECIFIC** - If the report cannot be located because of insufficient information, the request **WILL NOT** be processed.

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

\*\*\*\*\*

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Request Received By: \_\_\_\_\_

Date: \_\_\_\_\_

( ) Approved In Full ( ) Denied In Part ( ) Denied In Whole

\*See Attached Sheet For Explanation of Denial

Date of Approval/Denial of Request: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Date Mailed Out