



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue | Grand Haven | MI | 49417

MICHIGAN FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

The core purpose of the Freedom of Information Act is to provide the public with information regarding the inner workings of Government and actions of Government Officials. It is not intended to provide access to information of a personal nature about private citizens. With this in mind, I am requesting police reports, and/or information regarding the following:

Please note, the following fields must be completed or your request may be denied.

Incident # _____

Incident Type:

Incident Date: _____

Police Fire Medical Accident

Incident Location (be specific): _____

Name referred to in record: _____

Relation to Individual(s) in report: _____

Reason for request: _____

Name of Requestor: _____

Address: _____ City/State/Zip: _____

Phone: _____ Drivers License Number: _____

Email: _____

Signature of person requesting: _____ Date: _____

We will respond to your request in writing within five (5) business days. This response may include an extension of ten (10) business days as allowed under the Act [MCL 15.235(2)(d)]. When the requested records are ready, we will notify you of the cost to obtain them. Payment options include cash, money order, checks, or credit card. Credit card transactions are subject to a convenience fee. Records may be picked up in person, or will be mailed to you after payment is received. **Send to GHDPSTFOIA@grandhaven.org or 525 Washington Ave.**

FOR GHDPST USE ONLY

Date Received: _____

FOIA File Number: _____