

CHARLOTTE POLICE DEPARTMENT

RECORDS DEPARTMENT
111 E. LAWRENCE AVENUE
CHARLOTTE, MI 48813

REQUEST FOR PUBLIC RECORDS

MICHIGAN FREEDOM OF INFORMATION ACT, Public Act 442 of 1976, MCL 15.231, et seq

(Print or Type Your Request)

TO BE COMPLETED BY REQUESTOR		METHOD OF ACCESS TO RECORD	
NAME OF PERSON MAKING REQUEST		COPY: _____ INSPECTION: _____	
COMPANY REPRESENTING		RECEIVED BY: _____	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	STATE ZIP
STATE	ZIP		
PHONE NO. ()		SIGNATURE OF PERSON RECEIVING RECORDS	DATE
EMAIL:		WORK UNIT USE ONLY- METHOD RECEIVED	
SIGNATURE OF REQUESTOR (At time of request)		OFFICIAL RECEIVING REQUEST	
TYPE OF REPORT REQUESTED		DATE DELIVERED TO JUNK/SPAM FOLDER:	DATE RECEIVED/DISCOVERED
<input type="checkbox"/> INCIDENT REPORT # _____ <input type="checkbox"/> PHOTOS-ON DIGITAL MEDIA <input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER (Describe below) _____ _____ _____		<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> LETTER <input type="checkbox"/> TX <input type="checkbox"/> IN PERSON	
		ACTION TAKEN	
		<input type="checkbox"/> DOCUMENTS REVIEWED ON SITE <input type="checkbox"/> COPY OF REQUESTED RECORDS PROVIDED <input type="checkbox"/> REQUESTED RECORDS UNAVAILABLE AT WORK SITE REQUEST FORWARDED TO: _____ <input type="checkbox"/> OTHER _____	
NAME REFERRED TO IN RECORD			
		SUPERVISING OFFICER'S RECOMMENDATIONS	
SID NUMBER	FBI NUMBER	<input type="checkbox"/> RELEASE <input type="checkbox"/> EXEMPT / DENY	
DATE OF BIRTH	DRIVER'S LICENSE NUMBER		
SOCIAL SECURITY NUMBER *(voluntary)			
PRISON NUMBER (If Any)		COMMAND SIGNATURE _____	DATE _____
DATE OF EVENT (Month/Day/Year)		Delivery Method: <input type="checkbox"/> Will Pick Up <input type="checkbox"/> Mail to address above <input type="checkbox"/> Email to address above	
LOCATION OF EVENT (Street/ City/Zip)			
SPECIFIC EVENT TO WHICH RECORD REFERS			

AUTHORITY: Act 442, P.A. OF 1976
COMPLIANCE: VOLUNTARY

* This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

INSTRUCTION FOR REQUESTING PUBLIC RECORDS
FROM THE CHARLOTTE POLICE DEPARTMENT

1. If you are requesting a copy of a record, fill out the Request for Public Records form. Give accurate and specific information concerning the records you desire. Failure to provide sufficient information will cause delays in getting copies for you, or may result in our not being able to locate the records you want. Return the completed form to the Charlotte Police Department. The address is listed at the bottom of this page.
2. Because the records which you are requesting must be located, reviewed and exempt material separated from nonexempt material at the department's Information Section, the department has by law up to **5 days**, not including the day of request, holidays and weekends to fill or answer the request. The department may make further requests for up to **10 days** to complete the request and will state the reason for the extension.
3. After the records have been located and reviewed, there will be a fee for preparing them. The fee for providing copies of certain records is set by statute. If you submit an affidavit stating you are receiving public assistance, stating facts showing inability to pay because of indigence, a copy of the public record will be furnished without charge for the first \$20.00 of the fee for each request. If records requested incur a fee of \$50.00 or more, half of fee will be required up front when requested.

Consent to Non-Statutory Extension of City's Response Time

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 this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the City's response time for this request until: _____ (month, day, year).

Requestor's Signature: _____ Date: _____