

FREEDOM OF INFORMATION ACT REQUEST FORM



Bay City Department of Public Safety

501 Third Street

Bay City, MI 48708

PH: 989-892-8571 FAX: 989-895-0910

Email: citydps@baycitymi.org



Under the Michigan Freedom of Information Act, P.A. 1976 NO. 442, I wish to obtain information on the following person(s) / incident(s):

Person(s) / Incident(s): _____

Location of Incident(s): _____

Type of Incident(s): _____

Date of Incident(s): _____

Requestor Information

Name of Requestor: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email or Fax:** _____

Preferred method of delivery* (Pick Up, Email, or Fax): _____

Signature: _____

*Reports with costs associated must be paid for before release. Size restrictions may apply if Email or fax is selected. If it is estimated that the cost will be in excess of \$50.00, a 50% deposit of the estimated fee will be required in the form of cash, money order, or certified check made payable to the Bay City Department of Public Safety. You will be required to pay the balance on delivery of the requested information. If you have any questions, please refer to the Bay City Department of Public Safety FOIA Procedures and Guidelines and the Written Public Summary of the FOIA Procedures and Guidelines available on the City of Bay City's website at www.baycitymi.org under the links > Department of Public Safety > FOIA Request. For further questions, contact the Department of Public Safety FOIA Coordinator.

FOR OFFICE USE ONLY

DATE STAMP

Received by: _____ **Incident #:** _____

Processed by: _____

Cost and Disposition: _____