



City of Mount Pleasant, Michigan
DEPARTMENT OF PUBLIC SAFETY



FREEDOM OF INFORMATION ACT
Request for Police Records

Date of Request _____

Person Making Request (printed) _____

Person Making Request (signature) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Date of Incident _____

Type of Incident _____

Location of Incident _____

Name of Person(s) Involved _____

Incident Number (if known) _____

Traffic Crash Report Request

If this is a request for a motor vehicle accident report which was filed with the Mt. Pleasant Police Department, by signing below this request will act as my statement that I acknowledge under MCL 257.503, I (and any organization I might represent) am prohibited from: a) using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report and b) disclosing any personal information contained in the report to a third party for commercial solicitation, of an individual, vehicle owner, or property owner listed in the report, until thirty (30) days after the date the report is filed. Violation of this law is a misdemeanor, subject to fines and imprisonment.

Your Signature _____ Date: _____

Print your name here:

Please send response by:
(Choose one)

Mail

I will pickup

Fax to: (____) _____

Email to: _____

OFFICE USE ONLY

Request Received By _____ Date Received: _____

Notes _____
