



MANISTIQUE PUBLIC SAFETY DEPARTMENT

Michigan Freedom of Information Act

Request for Public Records

Name of Requester/Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Type of Record Requested:

☐ Criminal Complaint (Provide Report #, if known) _____

☐ Traffic Crash Report (Provide Report #, if known) _____

☐ Other Record (Please Specify) _____

Name Referred to in Record: _____

Date of Birth: _____ Drivers License #: _____

Date of Event (Please be specific): _____

Location of Event (Please be Specific): _____

Specific Event to which Record Refers: _____

Method of Access Desired:

☐ Copies to be mailed (please list address if different from above): _____

☐ Copies to be faxed (please list fax number): _____

☐ Copies to be picked up and/or inspected at Manistique Public Safety Department

Signature of Requester: _____ Date: _____

**Note: Pursuant to the FOIA, there will be a charge for the preparation of records.
Please contact Manistique Public Safety as to the charge.**

MPSD Use Only:
Date request Received: _____ Date Response Required: _____ (+5 business days)
Extension Requested _____ Yes _____ No
Notification response: Date: _____ Time: _____ Grant in Full: _____ Grant in part/deny: In Part _____ Deny: _____
Appeal received: _____ Appeal Response Required: _____ (+10 business days)
Appeal Response Sent: _____ Charge for Record: _____

Attach copy of request, Copy of response letter, copy of record(s) that were supplied. Copy of financial worksheet & receipt of any money received.