



GREENVILLE DEPARTMENT OF PUBLIC SAFETY
 MICHAEL P. STUCK, DIRECTOR
 415 S. LAFAYETTE STREET
 GREENVILLE, MICHIGAN 48838
 PHONE: 616-754-9161 FAX: 616-754-0344



FREEDOM OF INFORMATION ACT REQUEST FORM

(Freedom of Information Act, Authority: MCL 15.231, et seq.)

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date Requested: _____
 Requestor's Name: _____
 Requestor's Address: _____
 Requestor's Phone No.: _____
(AREA CODE/PHONE NUMBER YOU CAN BE REACHED MON - FRI 8:00a-4:30p)
 Driver's License #: _____

SPECIFIC INFORMATION REQUESTED

(IF THE REQUEST IS UNCLEAR, IT COULD PREVENT THE DEPARTMENT FROM PROVIDING THE INFORMATION)

Date(s) of Incident(s): _____
 Location(s) of Incident(s): _____

 Person(s) involved: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____
 Police Report
 Number(s) (if known): _____
 Any additional information: _____

Please allow five (5) business days to process all requests. The Greenville Department of Public Safety will notify you by phone when your request is complete. All fees are payable upon receipt of the document(s).

Signature of Requestor: _____

ACKNOWLEDGMENT OF RECEIPT OF FOIA
(Do not sign until you pick up the report(s))

Signature of Requestor: _____ Date: _____