

**FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS
Public Safety**

MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, et. seq.

Copies of the City's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City's website at: www.ci.oak-park.mi.us, and at Oak Park City Hall, 14000 Oak Park Blvd., Oak Park, MI, 48237. City Hall is open to the public Monday through Thursday from 8:00 A.M. to 5:00 P.M.

For records maintained by the Department of Public Safety (i.e. accident reports, case/incident reports the mailing address is 13800 Oak Park Blvd., Oak Park, MI 48237.
Tel. No.: (248) 691-7526 FAX No.: (248) 691-7431 E-Mail Address: PSFOIA@ci.oak-park.mi.us

PLEASE PROVIDE THE FOLLOWING INFORMATION

Requestor's Name: _____
(LAST) (FIRST) (MI)

Firm/Organization: _____

Requestor's Address: _____
(STREET) (CITY & STATE) (ZIP CODE)

Requestor's Telephone No.: _____ Email Address: _____

- Request for:** Copy Certified Copy Record Inspection
 Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. Only if the City possesses the necessary technological capability to provide the records in the requested format)
 Subscription to Record Issued on a Regular Basis

Delivery Method: Will Pick-Up Mail to Address Above Email to Address Above

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED – You may attach additional sheets if necessary

Describe in detail the documentation/information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could prevent the City from providing the documentation/information. Include information such as property address, sidwell number, incident number, date of occurrence, time frame of records requested, etc.

Requestor's Signature: _____ Date: _____

FOR CITY USE ONLY:

SUBMITTED: ___ IN-PERSON ___ BY U.S. MAIL ___ BY FAX/EMAIL DATE FILED: _____

ACCEPTED/RECEIVED BY: _____ FOIA REQUEST NO.: _____

FIVE (5) DAY RESPONSE DATE: _____ TEN (10) DAY EXTENSION DUE DATE: _____

RESPONDING DEPARTMENT(S)/DIVISION(S): _____