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.

_____

_____

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_____

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): _____