

Freedom Of Information Act (FOIA)

Request For Police Records

Mt. Pleasant
[meet here]

Division of
Public Safety



Date of Request _____

Person Making Request _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Describe in detail the information being requested.

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 Electronic Signature _____ Date: _____

Please send response by: (Choose one) Mail In-Person Pickup Email _____
Fax _____

For more detailed information visit www.mt-pleasant.org/foia.

Please submit this form via email to policefoia@mt-pleasant.org or deliver/mail this form to **804 E. High Street, Mt. Pleasant, MI 48858**.

FOR OFFICE USE ONLY: Request Received By _____ Date Received: _____

Notes _____