

City of Hazel Park
Department of Police
111 EAST NINE MILE ROAD
HAZEL PARK, MICHIGAN 48030-1893

DAVID B. NIEDERMEIER
CHIEF OF POLICE

TELEPHONE (248) 542-6161
FAX (248) 546-4084

FREEDOM OF INFORMATION ACT REQUEST

1. DATE: _____
2. NAME OF PERSON REQUESTING: _____
(LAST) (FIRST) (MIDDLE)
3. SEX: MALE FEMALE
4. AGE: _____ DATE OF BIRTH: _____
5. MICHIGAN DRIVERS LICENSE NO.: _____
6. ADDRESS: _____
7. TELEPHONE: (HOME) _____ (WORK) _____
8. NAME(S) AND/OR DESCRIPTION OF THE PUBLIC RECORD(S) BEING SOUGHT INCLUDING I.D. NUMBERS/DOB/INCIDENT NUMBERS IF KNOWN.
BE AS SPECIFIC AS POSSIBLE.

9. I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND I HEREBY AGREE TO REIMBURSE THE **HAZEL PARK POLICE DEPARTMENT** FOR ANY COSTS INCURRED IN PROCESSING THIS REQUEST THAT ARE ALLOWABLE UNDER THE MICHIGAN FREEDOM OF INFORMATION ACT.
10. **SIGNATURE OF REQUESTOR:** _____
11. PERSON RECEIVING REQUEST: _____
12. DATE RECEIVED: _____ TIME RECEIVED: _____

NOTE: THE HAZEL PARK POLICE DEPARTMENT HAS FIVE WORKING DAYS TO RESPOND TO THIS REQUEST FROM THE TIME IT IS RECEIVED. ADDITIONAL TIME TO RESPOND MAY BE GRANTED IF JUSTIFIED UNDER THE MICHIGAN FREEDOM OF INFORMATION ACT.