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FREEDOM OF INFORMATION ACT REQUEST For POLICE REPORT

Date of Request	Name of Person Making the Request
Street No. and Street of Person Making Request	Email Address of Person Making Request
City/State/ZIP of Person Making Request	Suspect Name (if known)
Police Agency	Police Report Number
Description of Documents Sought to be Produced (state police report or any other documents sought):	

I, the below signed individual, certify as follows:

- (1) I make the above FOIA request. (2) I am the person whose name appears above making the request. (3) I consent to being contacted, during normal business hours, by a representative of the Shiawassee County Prosecutor's Office at the telephone number or e-mail address listed above.

Date	Original Signature
FOR PROSECUTOR OFFICE USE ONLY <input type="checkbox"/> The above FOIA request is GRANTED . <input type="checkbox"/> The above FOIA request is DENIED for the following reason: <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div> <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; display: inline-block; width: 600px;"></div>	
Date: _____	Reviewing attorney: _____

Please print this document and submit it to the Prosecuting Attorney's Office at the address above. Original signatures are required; e-mailed documents will not be accepted.