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FREEDOM OF INFORMATION ACT REQUEST For POLICE REPORT

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

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: <input type="text"/>
<input type="checkbox"/>	Other: <input type="text"/>
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.