



**MARYSVILLE DEPARTMENT of PUBLIC SAFETY**

**1355 Delaware Ave. Marysville Michigan 48040-1568**

Police (810) 364-6300

*Protecting Your Future*

Fire-EMS (810) 364-6611

## Freedom of Information Act Request

I am requesting a report involving \_\_\_\_\_  
(Name of person involved)

on \_\_\_\_\_, at \_\_\_\_\_  
(Date of incident) (Address of incident)

under the Freedom of Information Act.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand the Chief of Police has ten business days to review and respond to this request. I also understand that I will be charged a reasonable fee for this request.

\_\_\_\_\_  
Signature of requestor

Approved by: \_\_\_\_\_

Date/Clerk: \_\_\_\_\_