

HASTINGS POLICE DEPARTMENT

REQUEST FOR PUBLIC RECORDS - MICHIGAN FREEDOM OF INFORMATION ACT

Requests can be emailed to alockman@hastingsmi.org

TO BE COMPLETED BY REQUESTOR:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

EMAIL: _____ @ _____

SPECIFIC RECORDS REQUESTED:

DATE OF INCIDENT(S):

LOCATION OF INCIDENT(S):

INCIDENT NUMBERS:

INCIDENT INVOLVEMENTS:

NAME: _____

NAME: _____

NAME: _____

X _____

REQUESTOR SIGNATURE

DATE

HPD RECORDS USE ONLY:

METHOD OF REQUEST:

_____ LETTER _____ EMAIL

_____ FAX _____ IN PERSON

_____ TX

DATE OF REQUEST: _____

OFFICIAL RECEIVING

REQUEST: _____

METHOD OF ACCESS TO RECORDS:

_____ MAIL

_____ FAX

_____ EMAIL

_____ INSPECT COPIES AT HPD

ACTION TAKEN:

_____ NOTIFIED REQUESTOR

_____ GIVEN / SENT TO REQUESTOR

_____ FILED / NO RESPONSE

SUPERVISOR RECOMMENDATION:

_____ RELEASE RECORDS

_____ DENY RECORDS

X _____

SUPERVISOR SIGNATURE

DATE