

**HASTINGS POLICE DEPARTMENT**

**REQUEST FOR PUBLIC RECORDS MICHIGAN FREEDOM OF INFORMATION ACT**

TO BE COMPLETED BY REQUESTOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WRITING) \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SPECIFIC INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

INCIDENT REPORT NUMBERS: \_\_\_\_\_

\_\_\_\_\_

OTHERS INVOLVED IN REPORT: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

HPD WORK UNIT USE ONLY:

METHOD OF REQUEST:

\_\_\_\_\_ LETTER

\_\_\_\_\_ FAX

\_\_\_\_\_ IN PERSON (IN

OFFICIAL RECEIVING REQUEST:

\_\_\_\_\_

DATE RECEIVED REQUEST:

\_\_\_\_\_

METHOD OF ACCESS TO RECORDS:

\_\_\_\_\_ INSPECT COPIES AT HPD

\_\_\_\_\_ MAIL TO REQUESTOR

\_\_\_\_\_ MAIL TO (SPECIFY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INCIDENT REPORT NUMBERS:

\_\_\_\_\_

\_\_\_\_\_

DATES: \_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_ GIVEN TO REQUESTOR

\_\_\_\_\_ SEND TO REQUESTOR

SUPERVISING OFFICER'S  
RECOMMENDATIONS:

\_\_\_\_\_ RELEASE

\_\_\_\_\_ DENY

SIGNATURE OF SUPERVISOR  
PROCESSING REQUEST:

\_\_\_\_\_

DATE: \_\_\_\_\_