## **REQUEST FOR PUBLIC RECORDS**

MICHIGAN FREEDOM OF INFORMATION ACT

(Print or Type Your Request)

TO BE COMPLETED BY REQUESTOR		METHOD OF ACCESS TO RECORD	
NAME OF PERSON MAKING REQUEST		MAIL TO REQUESTER	MAIL TO (If Different Than Requester)
COMPANY REPRESENTING		STREET ADDRESS	
STREET ADDRESS		CITY	
CITY		STATE	ZIP CODE
STATE	ZIP CODE	INSPECT COPIES AT (MSP I	LOCATION)
PHONE NUMBER	DATE	SIGNATURE OF REQUESTOR	
YOUR CLIENT OR INSURED		STATE POLICE WORK UNIT USE ONLY	
YOUR FILE NUMBER		OFFICIAL RECEIVING REQUEST	
TYPE OF REPORT REQUESTED		WORK UNIT	DATE RECEIVED
UD-10 TRAFFIC CRASH REPORT (Traffic Crash Reports are		ACTION TAKEN	
available on our website at <u>www.michigan.gov/msp</u> and clicking on TCPS.) The cost for providing this record is \$10.00.		DOCUMENT PROVIDED AT WORK SITE	
CRIMINAL HISTORY RECORD (Michigan Criminal History records		COPY OF REQUESTED RECORD TO FOI UNIT	
are available by visiting our website at <u>www.michigan.gov/msp</u> and clicking on ICHAT.) The cost for providing this record is \$10.00.		REQUESTED RECORDS UNAVAILABLE AT WORK SITE	
PHOTOS		REQUEST FORWARDED TO FOI UNIT	
OTHER			
NAME REFERRED TO IN RECORD		SUPERVISING OFFICER'S RECOMMENDATIONS	
SID NUMBER	FBI NUMBER	RELEASE  EXEMPT/D	ENY (Attach RI-109)
DATE OF BIRTH	DRIVER LICENSE NUMBER		
SOCIAL SECURITY NUMBER* (voluntary)	SEX	SIGNATURE	DATE
PRISON NUMBER (If Any)		DISTRICT/POST/SECTION/UNIT	
DATE OF EVENT (Month/Day/Year)		MAILING ADDRESS:	
LOCATION OF EVENT (Street/City/Zip)		MICHIGAN DEPARTMENT OF STATE POLICE	
SPECIFIC EVENT TO WHICH RECORD REFERS		CRIMINAL JUSTICE INFORMATION CENTER FREEDOM OF INFORMATION UNIT 106 W. ALLEGAN STREET LANSING, MI 48933	

\* This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.