MORRICE POLICE DEPARTMENT

401 Main Street, P. 0. Box 247
Morrice, Michigan 48857
Phone: (517) 625-3430 Fax: (517) 625-8294
Email: policechief@morrice.mi.us

FREEDOM OF INFORMATION REQUEST FORM

1. Date: _____ Time: _____
2. NAME OF PERSON MAKING REQUEST: _____
3. DATE OF BIRTH: _____
4. ADDRESS: _____

   CITY: _____ STATE: _____ ZIP CODE: _____
5. TELEPHONE: (_____) _____
6. NAME(S) AND/OR DESCRIPTION(S) OF THE PUBLIC RECORD(S) BEING SOUGHT INCLUDING I.D. NUMBER(S), IF KNOWN.

   _____

   _____

   _____
7. DOES REQUESTOR WISH TO EXAMINE THE RECORD(S) OR OBTAIN A COPY OF THE RECORD(S)?

   EXAMINE ONLY ____ OBTAIN COPY ____ (POSSIBLE FEE)
8. *I certify that all information is correct and I herby agree to reimburse the Morrice Police Department for any cost incurred in the processing of this request that are allowable under the Michigan Freedom of Information Act.*

   SIGNATURE OF PERSON MAKING REQUEST: _____

----------ADMINISTRATION----------

CASE REPORT NUMBER(S) PROCESSED: _____

DATE PROCESSED: _____

FEE PIAD ____ AMOUNT PAID: $_____ FEE WAIVED: _____

OFFICER PROCESSING REQUEST: _____ BADGE #: _____

NOTE: Give white cash receipt to customer and attach yellow copy to money for clerk