

FREEDOM OF INFORMATION ACT REQUEST FORM



Bay City Department of Public Safety
501 Third St.
Bay City, MI 48708
(989) 892-8571 FAX (989) 895-0910



Under the Michigan Freedom of Information Act, P.A. 1976 NO. 442,
I wish to obtain information on the following person(s) / incident(s):

Person(s) / Incident(s): _____

Location of incident(s): _____

Type of incident(s): _____

Date of incident(s): _____

Requestor Information

Date: _____

Name of Requestor: _____

Address: _____

Phone Number: _____

Signature: _____

Received by: _____

If it is estimated that the cost will be in excess of \$50.00, a 50% deposit of the estimated fee will be required in the form of cash, money order or certified check made payable to the Bay City Department of Public Safety. You will be required to pay the balance on delivery of the requested information. If you have any questions, please refer to the Bay City Department of Public Safety FOIA Procedures and Guidelines and the Written Public Summary of the FOIA Procedures and Guidelines available on the City's website at www.baycitymi.org under the links > Public Safety > Forms, or contact the Public Safety FOIA Coordinator.

FOR OFFICE USE ONLY

DATE STAMP

Incident #: _____

Processed by: _____

Cost and Disposition: _____