

FOIA REQUEST FOR POLICE RECORDS

TO : DEARBORN POLICE DEPARTMENT – RECORDS BUREAU
16099 MICHIGAN AVE., DEARBORN, MI. 48126
PHONE: 313.943.2230 FAX: 313.943.3048
EMAIL COMPLETED REQUEST TO: POLICE-FOIA@CI.DEARBORN.MI.US

**** NOTE: THIS IS A TWO-SIDED DOCUMENT****

YOUR NAME/ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

DAYTIME TELEPHONE NUMBER _____

DESCRIBE RECORDS AS SPECIFICALLY AS POSSIBLE (report#, date, time, location, names):

Person(s) named in report: _____

Crash or Incident date: _____ Report No.: _____

Requesting: Report(s) _____ Audio _____ Video _____ Photos _____
(check all that apply)

Additional information: _____

I understand that the City must respond to my request for records within 5 business days. I hereby agree and consent to extending the time for the City to respond by 10 business days. Further, I understand that I will have to pay for the records before they will be released to me -- CASH OR CHECK ONLY.

A copy of the City of Dearborn's FOIA Procedures and Guidelines, along with its Written Public Summary, is available at <http://cityofdearborn.org/documents>.

SIGNATURE _____ **DATE** _____

When the requested documents have been compiled, I would like:

the documents **E-MAILED** to me. Send balance due (indicated on reverse side), along with a copy of this form, to: Dearborn Police Department Records Bureau – FOIA, 16099 Michigan Ave., Dearborn, MI 48126 and records will be emailed to you. LIST FOIA NO. (top right) ON CHECK. **Email address:** _____

the documents **MAILED by US Post** to me. Send balance due (indicated on reverse side), along with a copy of this form, to: Dearborn Police Department Records Bureau – FOIA, 16099 Michigan Ave., Dearborn, MI 48126 and records will be mailed to you. LIST FOIA NO. (top right) ON CHECK.

to **PICK UP** the documents. Pay balance due (indicated on reverse side) at the Records Bureau counter inside the Dearborn Police Department. Hours for the Record Bureau are: Monday and Wednesday: 12:30 pm to 4:30 pm; Tuesday and Thursday: 8:00 am to 11:30 am and 12:30 pm to 4:30 pm; and, Friday: 8:00 am to 11:30 am.

Please Print and Sign _____ **Date** _____

PAYMENT MUST BE BY CASH OR CHECK ONLY -- NO CREDIT CARDS

FOR POLICE DEPARTMENT USE ONLY

LABOR (15 min increments _____ @ \$12.00/hr).....	\$ _____
COPYING (\$.10 per page/two-sided; number of pages _____).....	\$ _____
DVD/VIDEO/AUDIO (\$30.00 ea).....	\$ _____
TOTAL	\$ _____
LESS DEPOSIT (if any)	\$ _____
BALANCE DUE	\$ _____

A SEARCH OF POLICE DEPARTMENT RECORDS HAS REVEALED NO RECORDS THAT MEET THE CRITERIA SET FORTH IN YOUR REQUEST.

THE REQUESTED DOCUMENTS ARE AVAILABLE AT NO CHARGE ON THE CITY OF DEARBORN WEBSITE <http://cityofdearborn.org/documents>.

Request processed by: _____ **Date:** _____

Supervisor Approved by: _____ **Date:** _____