

# CITY OF DETROIT

## Michigan Freedom of Information Act (FOIA) Request for NON-POLICE RECORDS

Please note that failure to complete certain fields on this form may result in a denial of your request.

1. Today's date: \_\_\_\_\_
2. Individual making this request: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_
5. Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_
6. Your client or insured (optional ): \_\_\_\_\_
7. Description of the record: \_\_\_\_\_  
\_\_\_\_\_
8. Date and time or time period, if applicable: \_\_\_\_\_
9. Identify City department or agency: \_\_\_\_\_
10. Any other information that will assist the department/agency in locating the requested record:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

- NOTE:** 1) Failure to complete this form may result in a denial of your request.  
2) For Buildings, Safety Engineering and Environmental Department record, please identify the address.  
3) For contract or RFP/RFQ, please identify contract number or RFP/RFQ number and a description.  
4) If the requested record pertains to an individual other than the requestor, a notarized authorization to release the record may be required from the person who is the subject of the request.  
5) If the request is too broad, depending on the description of your request, we may deny your request or request that you submit a deposit payment, prior to searching for the requested record.  
6) Medical record requests (e.g., EMS run sheets or billings) must comply with HIPAA and the Michigan Medical Records Access Act.

**HAND-DELIVER, MAIL, FAX, OR EMAIL TO:** City of Detroit Law Department FOIA Section  
Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500  
Detroit, Michigan 48226-3437  
Fax: (313) 224-5505  
Email: FOIA@detroitmi.gov