

# CITY OF DETROIT

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

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

1. Individual making this request: \_\_\_\_\_

2. Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Your client or insured (optional ): \_\_\_\_\_

4. Type of record requested: \_\_\_\_\_

5. Name referred to in record: \_\_\_\_\_

6. Description/Nature of the incident: \_\_\_\_\_

7. Date and time of incident, if any, or period of time: \_\_\_\_\_

8. Detroit address or intersection of incident, if any: \_\_\_\_\_

9. Any other information that will assist the Police Department in locating the requested record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I acknowledge that if this request is made within 30 days of a motor vehicle accident report being filed, I am prohibited from doing the following: using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report, or disclosing any personal information contained in the report with a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report until 30 days after the date the report is filed.***

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

NOTE: 1) Failure to complete this form may result in a denial of your request.

2) 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.

**E-MAIL, HAND-DELIVER OR MAIL  
THIS REQUEST TO:**

City of Detroit FOIA Coordinator or DPD Law  
Unit City of Detroit Law Department  
Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500  
Detroit, Michigan 48226-3437  
DPDFOIA@detroitmi.gov