REQUEST FOR PUBLIC RECORDS

I. Requestor Information

The name, mailing address, and either a valid telephone number or email address of the individual making the request are required pursuant to MCL 15.233(1).

Name of Requesting Person	Phone	Email Address	
Street Address	City	State	Zip Code
Entity Representing, if applicable	Client name, insured name, file/reference number		

II. Type of Record Requested

Mark the checkbox for the type of record being requested.

- ☐ Incident (Police) Report
- ☐ UD-010 Traffic Crash Report (Statutory $13.00 Cash or Check Only)
- ☐ Other record*

*Please note: Requesting additional records may increase the costs and processing time of a records request.

III. Describe the Record

Complete all applicable fields with as much detail as possible.

Incident

Incident (Police) Report Number	Date of Incident	Location Where Incident Occurred

Other

Description of Requested Records

IV. Method of Access (Select Only One)

- ☐ Email
- ☐ Pickup
- ☐ Mail to requester (To address in Section I)
- ☐ Mail to another address (Complete fields below)

Name			
Street Address	City	State	Zip Code

Submit form via one of the following methods:

Email: FOIA@livoniapd.com	**Mail:** Livonia Police Department Attn: Central Records 15050 Farmington Rd. Livonia, Michigan 48154	**Fax:** 734-466-2171