

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 <u>one</u> 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