

**FREEDOM OF INFORMATION REQUEST  
THREE RIVERS POLICE DEPARTMENT  
333 W. MICHIGAN AVENUE  
THREE RIVERS, MI 49093  
TX: (269) 278-1235                      FAX: (269) 278-3195**

Pursuant to the Michigan Freedom of Information Act, 1976 PS 442; MSA 4.1801, I request copies of the police report in your possession or under your control relating to the following information;

Name of Person(s) Involved:	Date/Time of Incident:
Type of Incident:	Location of Incident:
Name of Person Making Request:	Requestor's Phone Number:
Additional Information Requested:	Complaint # (if known)

I understand that there is a fee schedule for the copies and that the fees will be based on \$4.00 for the first three pages and \$.50 for each page thereafter. Additional charges will be added for fax transmissions, postage, or other departmental costs. If a request takes extensive research there may also be an additional charge for the research time.

I also understand that by law this department has up to five (5) business days to prepare the requested reports/information and that they will notify me when the reports/information are completed and I can pick up the materials at that time.

Signature of Person Making Request: \_\_\_\_\_



**After researching our records, no report/information was found relating to the request made.**

**DEPARTMENT INFORMATION**

**DATE REQUESTED:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**CONTACT MADE:** \_\_\_\_\_

Requested Report Charge: \_\_\_\_\_

Additional Charge: \_\_\_\_\_

Research Time: \_\_\_\_\_

Balance Due: \_\_\_\_\_