



GREENVILLE DEPARTMENT OF PUBLIC SAFETY  
 MARK REISS, DIRECTOR  
 415 S. LAFAYETTE STREET  
 GREENVILLE, MICHIGAN 48838  
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**FREEDOM OF INFORMATION ACT REQUEST FORM**

(Freedom of Information Act, Authority: MCL 15.231, et seq.)

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

Date Requested: \_\_\_\_\_  
 Requestor's Name: \_\_\_\_\_  
 Requestor's Address: \_\_\_\_\_  
 Requestor's Phone No.: \_\_\_\_\_  
(AREA CODE/PHONE NUMBER YOU CAN BE REACHED MON – FRI 8:00a-4:30p)

**SPECIFIC INFORMATION REQUESTED**

(IF THE REQUEST IS UNCLEAR, IT COULD PREVENT THE DEPARTMENT FROM PROVIDING THE INFORMATION)

Date(s) of Incident(s): \_\_\_\_\_  
 Location(s) of Incident(s): \_\_\_\_\_  
 What type of incident(s) \_\_\_\_\_  
 Person(s) involved: \_\_\_\_\_  
     Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
     Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
     Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
     Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Police Report  
 Number(s) (if known): \_\_\_\_\_  
 Any additional information: \_\_\_\_\_  
 \_\_\_\_\_

Please allow five (5) business days to process all requests. The Greenville Department of Public Safety will notify you by phone when your request is complete. All fees are payable upon receipt of the document(s).

Signature of Requestor: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT OF FOIA**  
**(Do not sign until you pick up the report(s))**

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_