



DEPARTMENT OF POLICE
CHARLES A. NEBUS, CHIEF

**FREEDOM OF INFORMATION ACT
REQUEST FORM**

DATE: _____

NAME OF REQUESTOR: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

Name and/or description of the public record being sought, including identification number/report number, if known:
BE AS SPECIFIC AS POSSIBLE

Does requestor wish to examine the record or obtain copy?

_____ Examine only (Applicable research fees apply) _____ Obtain copy

I certify that all the above information is correct and hereby agree to reimburse the Farmington Hills Police Department for any costs incurred in processing this request, as allowed under the Michigan Freedom of Information Act.

Signature of Requestor: _____

- Fees are based on:
- \$20.00 Hourly rate
- \$.05 Per page copying
- \$75.00 Video
- \$35.00 Audio – dispatch
- \$10.00 Photo CD
- \$4.65 Certified Mailings