



POLICE DEPARTMENT

CENTRAL MICHIGAN UNIVERSITY

Request For Police Records

- I am requesting a Police Report regarding an incident I was involved in.
- I am requesting a Traffic Crash Report regarding an incident I was involved in or a vehicle that is registered to myself or registered to my business.
- I am requesting a Police Report, and this serves as a Freedom of Information Act (FOIA) request.

Date of Request: _____

Person Making Request (printed): _____

Person Making Request (signature): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email Address: _____

Date of Incident: _____ Type of Incident: _____

Location of Incident: _____ Incident Number: _____

Name(s) of People Involved: _____

Additional Information Requested (if applicable):

Please Send Response (pick ONE): Mail Email to: _____
 I Will Pick Up Fax to: _____

TRAFFIC CRASH REPORT REQUESTS, PLEASE READ AND SIGN:

If this is a request for a motor vehicle accident report which was filed with the Central Michigan University Police Department, by signing below this request will act as my statement that I acknowledge under MCL 257.503, I (and any organization I might represent) am prohibited from: a) using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report, and b) disclosing any personal information contained in the report to a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report; until thirty (30) days after the date the report is filed. Violation of this law is a misdemeanor, subject to fines and imprisonment.

Signature of Person Making Request: _____ Date: _____

OFFICE USE ONLY:

Request Received by: _____ Date Received: _____

FOIA FWD to GC by: _____ Date: _____

Notes: _____

