



Douglas L. Lloyd
EATON COUNTY PROSECUTING ATTORNEY

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Chief Assistant Prosecutor

REQUEST FOR PUBLIC RECORD
MICHIGAN FREEDOM OF INFORMATION ACT (FOIA)

~ Type or Print Your Request ~

TO BE COMPLETED BY REQUESTOR			METHOD OF ACCESS TO RECORD		
NAME OF PERSON MAKING REQUEST			<input type="checkbox"/> e-MAIL [usually no FOIA fee if records can be e-mailed] e-MAIL ADDRESS (required):		
COMPANY REPRESENTING			<input type="checkbox"/> MAIL TO REQUESTOR <input type="checkbox"/> MAIL TO (identify, if different than Requestor):		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE NUMBER(s)			<input type="checkbox"/> INSPECT COPIES		
SIGNATURE OF REQUESTOR				DATE	
YOUR CLIENT OR INSURED / YOUR FILE NUMBER					
TYPE OF PUBLIC RECORD REQUESTED			CASE IDENTIFYING INFORMATION		
<input type="checkbox"/> COURT DOCKET #: _____ <input type="checkbox"/> POLICE REPORT #: _____ Police Agency: _____ <input type="checkbox"/> UD-10 TRAFFIC CRASH REPORT #: _____ <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER (describe): _____			DATE OF EVENT (if Any)		
			LOCATION OF EVENT (Street Address/City/Township)		
			SPECIFIC EVENT TO WHICH THE RECORD REFERS		
			NAME(s) REFERRED TO IN RECORD		
			DATE OF BIRTH		SEX
			MDOC #	SID #	FBI #
ACTION TAKEN					
<input type="checkbox"/> REQUEST GRANTED IN FULL <input type="checkbox"/> REQUEST GRANTED IN PART <input type="checkbox"/> REQUEST DENIED			<input type="checkbox"/> RECORD INSPECTED AT WORK SITE <input type="checkbox"/> RECORD MAILED <input type="checkbox"/> RECORD E-MAILED Initials: _____ Date: _____		
AUTHORITY: 1976 Public Act 442 Some requested information may be exempt from disclosure – e.g., Michigan Freedom of Information Act, 1976 PA 442, MCL 15.243, the William Van Regenmorter Crime Victim's Rights Act, 1985 PA 87, MCL 780.758(3). <i>(Revised June 6, 2013)</i>					