Wyoming Police Department

Freedom of Information Request

(Michigan Freedom of Information Act 442 of 1976)

Requester Information

Today's Date: _____

Your Name: _____

Address: _____
(Street) (City) (State) (ZIP Code)

Home Phone: _____ Work Phone: _____

Requested Information

_____
(Subject Name) (DOB or Approximate Age)

_____
(Subject Name) (DOB or Approximate Age)

Incident Number (If Known): _____

Type of Incident (i.e. Accident, Assault, Larceny, etc.): _____

_____

Location of Incident (If Known): _____

Date and Time of Incident (If Known) *or* Specify Date Search Range:

_____

Specify Document(s) / Information Requested (Be As Specific As Possible):

_____

_____

_____

MAIL TO: Wyoming Police Dept., Records Division
2300 De Hoop Ave., SW
Wyoming, MI 49509

FAX TO: 616-261-3527

To Be Completed By Wyoming Police Information Services

Requester ID Verified By: _____ Completed By: _____

Request Date: _____ Date Completed: _____

HONOR - COURAGE - DUTY – TRUST