

LANSING TOWNSHIP POLICE DEPARTMENT

**Request for Public Records
Attn: Freedom of Information Unit**

I. Requestor Information

Name of Person Making Request: _____

Street Address: _____

Phone Number: _____ Ext. _____

II. Type of Report Requested

- ☐ Criminal History Record

(Michigan Criminal History records are available by visiting the website www.michigan.com/msp and clicking on ICHAT.) There is a cost for this service.

- ☐ UD -10 Traffic Crash Report

(Traffic Crash Reports are available on the website www.docview.us.com.) There is a cost for this service.

- ☐ Incident Report Number: _____

Name Referenced in Record: _____

Date of Birth (MM/DD/YY): _____

Social Security Number* (voluntary, last 4 only): _____

Drivers License Number: _____

Date of Event (MM/DD/YY): _____

Sex (M/F) _____

Location of Event (Business/Residence/Roadway/Highway, Street Address)

Nature of Event to Which Record Refers _____

- ☐ Photos ☐ Other

III. Method of Access to Record (After payment is made)

- ☐ Mail to Requestor ☐ Mail To (if different than Requestor) ☐ Inspect Copies

Street Address _____

City _____ State _____ Zip Code _____

LANSING TOWNSHIP POLICE USE ONLY

Official Receiving Request: _____

Date Received: _____ Date Completed: _____

Cost: _____ Date Paid: _____