



CITY OF GREENVILLE

Department of Public Safety

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Greenville, Michigan 48838

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FREEDOM OF INFORMATION ACT REQUEST FORM

(Freedom of Information Act, Authority: MCL 15.231, et seq.)

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date Requested: _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone No.: _____

(AREA CODE/PHONE NUMBER YOU CAN BE REACHED MON – FRI 8:00a-4:30p)

SPECIFIC INFORMATION REQUESTED

(IF THE REQUEST IS UNCLEAR, IT COULD PREVENT THE DEPARTMENT FROM PROVIDING THE INFORMATION)

Date(s) of Incident(s): _____

Location(s) of Incident(s): _____

What type of incident(s): _____

Person(s) involved: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Relationship to you: _____

Police Report
Number(s) (if known): _____

Any additional information: _____

Please allow five (5) business days to process all requests. The Greenville Department of Public Safety will notify you by phone when your request is complete. All fees are payable upon receipt of the document(s).

Signature of Requestor: _____

ACKNOWLEDGMENT OF RECEIPT OF FOIA

(Do not sign until you pick up the report(s))

Signature of Requestor: _____ Date: _____