

# WAYLAND POLICE DEPARTMENT

FOIA@cityofwayland.org  
103 S MAIN STREET  
WAYLAND, MI 49348

## REQUEST FOR PUBLIC RECORDS

MICHIGAN FREEDOM OF INFORMATION ACT, Public Act 442 of 1976, MCL 15.231, et seq

TO BE COMPLETED BY REQUESTOR		METHOD OF ACCESS TO RECORD	
NAME OF PERSON MAKING REQUEST		COPY: _____ INSPECTION: _____	
COMPANY REPRESENTING		RECEIVED BY: _____	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY _____ STATE _____	ZIP _____
STATE _____	ZIP _____		
PHONE NO. ( _____ )		SIGNATURE OF PERSON RECEIVING RECORDS _____	DATE _____
EMAIL: _____		<b>WORK UNIT USE ONLY- METHOD RECEIVED</b>	
SIGNATURE OF REQUESTOR (At time of request)		OFFICIAL RECEIVING REQUEST _____	
TYPE OF REPORT REQUESTED		DATE DELIVERED TO JUNK/SPAM FOLDER: _____	DATE RECEIVED/DISCOVERED _____
<input type="checkbox"/> INCIDENT REPORT # _____ <input type="checkbox"/> PHOTOS-ON DIGITAL MEDIA <input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER (Describe below) _____ _____ _____		<input type="checkbox"/> EMAIL _____ <input type="checkbox"/> FAX _____ <input type="checkbox"/> LETTER _____ <input type="checkbox"/> TX _____ <input type="checkbox"/> IN PERSON _____	
		ACTION TAKEN	
NAME REFERRED TO IN RECORD		<input type="checkbox"/> DOCUMENTS REVIEWED ON SITE <input type="checkbox"/> COPY OF REQUESTED RECORDS PROVIDED <input type="checkbox"/> REQUESTED RECORDS UNAVAILABLE AT WORK SITE REQUEST FORWARDED TO: _____ <input type="checkbox"/> OTHER _____	
SID NUMBER _____	FBI NUMBER _____	SUPERVISING OFFICER'S RECOMMENDATIONS	
DATE OF BIRTH _____	DRIVER'S LICENSE NUMBER _____	<input type="checkbox"/> RELEASE <input type="checkbox"/> EXEMPT / DENY	
SOCIAL SECURITY NUMBER *(voluntary)		_____ COMMAND SIGNATURE _____ DATE _____	
PRISON NUMBER (if Any)			
DATE OF EVENT (Month/Day/Year)		<b>Delivery Method:</b> <input type="checkbox"/> Will Pick Up <input type="checkbox"/> Mail to Address <input type="checkbox"/> Email to Address	
LOCATION OF EVENT (Street/ City/Zip)			

## INSTRUCTION FOR REQUESTING PUBLIC RECORDS FROM THE WAYLAND POLICE DEPARTMENT

1. If you are requesting a copy of a record, fill out the Request for Public Records form. Give accurate and specific information concerning the records you desire. Failure to provide sufficient information will cause delays in getting copies for you, or may result in our not being able to locate the records you want. Return the completed form to the Charlotte Police Department. The address is listed at the bottom of this page.
2. Because the records which you are requesting must be located, reviewed and exempt material separated from nonexempt material at the department's Information Section, the department has by law up to **5 days**, not including the day of request, holidays and weekends to fill or answer the request. The department may make further requests for up to **10 days** to complete the request and will state the reason for the extension.
3. After the records have been located and reviewed, there will be a fee for preparing them. The fee for providing copies of certain records is set by statute. If you submit an affidavit stating you are receiving public assistance, stating facts showing inability to pay because of indigence, a copy of the public record will be furnished without charge for the first \$20.00 of the fee for each request. If records requested incur a fee of \$50.00 or more, half of fee will be required up front when requested.

### Consent to Non-Statutory Extension of City's Response Time

*I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq. I understand that the City must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree and stipulate to extend the City's response time for this request until: \_\_\_\_\_ (month, day, year).*

*Requestor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_