

## FREEDOM OF INFORMATION REQUEST

REQUESTOR INFORMATION			
Name of Person Making Request			Date of Request
Street Address		City	State Zip Code
Phone Number(s):	Home Phone	Cell Phone	Other
E-Mail Address			
Company Representing, <i>if applicable</i>			

DESCRIBE THE RECORD REQUESTED		
Report Number	Date of Incident	Location of Incident
Name(s) Referred to in Report ( <i>Last, First, Middle</i> )		Date of Birth

Place a check mark next to the item(s) being requested:  
 Report     Photo CD     Video DVD     Audio CD     Other \_\_\_\_\_

Additional information to further describe records requested:

<b>Submit Form Via One of the Following Methods:</b>  <b>Mail To:</b> Warren Police Department Attn: Records Division 29900 S. Civic Center Blvd Warren, MI 48093  <b>E-Mail to:</b> RecordsRequest@warrenpd.org	<b>For Additional Information:</b>  <b>Phone:</b> (586) 574-4760  <i>The Public Summary of the City's FOIA Procedures and Guidelines is available on the City's website:</i>  <a href="http://www.cityofwarren.org">www.cityofwarren.org</a>
---	--

**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**