

SCOTTVILLE POLICE DEPARTMENT

FREEDOM OF INFORMATION ACT REQUEST FOR INFORMATION

Pursuant to the Freedom of information Act, I request of the Scottville Police Department record as follows:

(Describe in detail, including date of incident and file number if available)

I understand that this request must be reviewed by Mason County Prosecuting Attorney and possibly will not be ready for release within five (5) working days.

I understand that pursuant to Section 4 of the Freedom of information Act, there will be a charge for this service, which I agree to pay in advance of receiving it.

Applicant Signature: _____

Applicant Address: _____

Phone Number: _____

FOR SCOTTVILLE POLICE DEPARTMENT USE ONLY

Request reviewed and submitted to Prosecutor's Office: Date: _____

Applicant notified records are ready for release or denial: Date: _____

Fee Due: \$ _____ Amount Collected: \$ _____ Date: _____

Note for Mail-in Freedom of information Requests for records:
Your request has been reviewed and submitted to the Prosecutor's Office as noted above.
You will be notified when this report is ready for release.