

# CHESTERFIELD TOWNSHIP POLICE DEPARTMENT

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## FREEDOM OF INFORMATION ACT REQUEST

*(Please Print Clearly)*

FOIA#: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pursuant to the Michigan Freedom of Information Act, being Act 442, Public Acts of 1976, as amended, I hereby request that the following records be made available to me to:

- Review**     **Receive Copies**

Name of Requested Public Record: \_\_\_\_\_

Address/Parcel: \_\_\_\_\_

Type of Information Seeking: \_\_\_\_\_

Reason for seeking the information: \_\_\_\_\_

*I further understand that all fees for copying, compiling and mailing (if applicable) must be paid to the Chesterfield Police Department, prior to the documents being provided to me.*

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_