

**City of Woodhaven  
Police Department  
Request for Public Record  
Pursuant to the Freedom of Information Act**

*(To be completed by person requesting information)*

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Description of Public Records requested** *(Please be specific)*

**Incident or Complaint #**

\_\_\_\_\_  
\_\_\_\_\_

I agree that the public body has five (5) business days to respond to my request and may under certain circumstances, notify the requester in writing and extend the time limit by ten (10) days. Further, the public body can charge a fee for actual copying, mailing, and labor costs, and may require a good faith deposit. To view fee schedule, visit [www.woodhavenmi.org](http://www.woodhavenmi.org), Freedom of information act policy.

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_

**MOTOR VEHICLE CRASH REPORT NOTIFICATION**

**PROHIBITED CONDUCT PURSUANT TO MCL 257.503-** *For 30 days after the date a motor vehicle crash report is filed with a law enforcement agency, a person may only access the report if the person or organization files a statement indicating that from the time the person or organization is granted access to the report until 30 days after the date the report is filed, the person or organization acknowledges that the person or organization is prohibited from doing either of the following:*

*A. Using the report for any direct solicitation of an individual, vehicle owner or property owner listed in the report.*

*B. Disclosing any personal information contained in the report to a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report.*

*The person or organization signing below acknowledges that the person or organization is prohibited from doing either of the above. Violation of this statute is a misdemeanor, punishable by a fine and imprisonment.*

**Date of Request** \_\_\_\_\_ **Motor Vehicle Crash report Number** \_\_\_\_\_

**Requestor's signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

For office use only