

GLADSTONE PUBLIC SAFETY DEPARTMENT

Michigan Freedom of Information Act

Request for Public Records



Name of Requester / Company: _____

Street address: _____

City _____ State _____ Zip _____

Telephone: (____) _____

Type of Record Requested:

Complaint Report (Provide Report #, if known) _____

Traffic Accident Report (Provide Report #, if known) _____

Other Record (Please specify) _____

Name Referred to in Record: _____

Date of Birth: _____ Drivers License No. _____

Date of Event: (Please be specific): _____

Location of Event: (Please be specific): _____

Specific Event to which Record refers: _____

Method of Access Desired:

Copies to be mailed (Please list address if different from above)

Copies to be inspected at GPSD Facility

Signature of Requestor: _____ Date: _____

Note: Pursuant to the FOIA, there will be a charge for the preparation of records. Please Contact GPSD for information as to the charge.

Public Safety Use Only:	
Date Request Received: _____	Date Response Required: _____ (+5 business days)
Extension Requested _____ yes _____ no	
Notification Response: Date _____ Time _____	Grant in full _____ Grant in part/deny in part _____ Deny _____
Appeal Received: _____	Appeal Response Required: _____ (+10 business days)
Appeal Response Sent: _____	Charge for Record: _____
Attach: Copy of request, Copy of response letter, copy of record(s) that was supplied, Copy of financial worksheet & receipt of any money received.	