



Andy Schor, Mayor

# LANSING POLICE DEPARTMENT RECORD DISCLOSURE REQUEST

Freedom of Information Act (FOIA)

120 West Michigan Avenue

Lansing, MI 48933

Phone: 517-483-4680

Fax: 517-483-4688



Request taken by: \_\_\_\_\_

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

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

Apt/Lot: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(If you want to be notified via EMAIL when your request is ready to be picked up)

**PLEASE READ BEFORE SIGNING:**  
To comply with State and Federal Laws, information contained in a public record may be redacted or denied. In some cases redactions may be extreme. I understand by signing below, I assume full responsibility for paying any cost involved in retrieving, copying and processing the documents requested.

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

**CERTIFIED COPY**

Type of Request:  Incident Report  Video  Other \_\_\_\_\_

COMPLAINT NUMBER(S): \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

ACCUSED NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

VICTIM NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE and TIME OF INCIDENT: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_