FREEDOM OF INFORMATION ACT REQUEST FORM

Bay City Department of Public Safety
501 Third St.
Bay City, MI 48708
(989) 892-8571   FAX (989) 895-0910

Under the Michigan Freedom of Information Act, P.A. 1976 NO. 442, I wish to obtain information on the following person(s) / incident(s):

Person(s) / Incident(s): ________________________________________________

Location of incident(s): ________________________________________________

Type of incident(s): ___________________________________________________

Date of incident(s): ___________________________________________________

Requestor Information

Date: ________________________

Name of Requestor: ___________________________________________________

Address: __________________________________________________________________

Phone Number: _______________________________________________________ 

Signature: __________________________________________________________________

Received by: ________________________

If it is estimated that the cost will be in excess of $50.00, a 50% deposit of the estimated fee will be required in the form of cash, money order or certified check made payable to the Bay City Department of Public Safety. You will be required to pay the balance on delivery of the requested information. If you have any questions, please refer to the Bay City Department of Public Safety FOIA Procedures and Guidelines and the Written Public Summary of the FOIA Procedures and Guidelines available on the City’s website at www.baycitymi.org under the links > Public Safety > Forms, or contact the Public Safety FOIA Coordinator.

FOR OFFICE USE ONLY

Incident #: _______________________________________ 

Processed by: __________________________________________

Cost and Disposition: ____________________________________

DATE STAMP