

# FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

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DATE: \_\_\_\_\_

Under the Michigan Freedom of Information Act, I am requesting information\*\* from police report number \_\_\_\_\_ about an incident occurring on or about \_\_\_\_\_,  
(Report number if known) (Date)

regarding \_\_\_\_\_  
(Nature of Incident)

involving \_\_\_\_\_  
(Names of subjects involved)

\_\_\_\_\_  
(Names of subjects involved)

at \_\_\_\_\_  
(Address where incident occurred)

Comments:

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

Thank you.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

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

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

Phone Number(s): \_\_\_\_\_  
(Include area code)

\*\*A person has the right to submit a written request for public record(s) from the Tawas Police Authority. The request must sufficiently describe the public record to enable the FOIA Coordinator to identify the requested public record.  
Costs will vary depending on research time, etc.  
Please enclose a self addressed stamped envelope with your request.  
Tawas Police Authority will respond to this request within five (5) business days.



989-362-7718 phone

**Tawas Police Authority**  
810 W. Westover Street  
East Tawas, MI 48730

e-mail: [jbranham@tawaspd.us](mailto:jbranham@tawaspd.us)



989-362-5140 fax

03-00/jb  
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