



***BLOOMFIELD HILLS DEPARTMENT OF PUBLIC SAFETY
FREEDOM OF INFORMATION ACT REQUEST FORM***

Requestor's Name _____
Requestor's Address _____
Requestor's Phone _____ **Alternate** _____
E-Mail Address _____

SPECIFIC INFORMATION REQUESTED

Case Number (If Known) _____
Date(s) of Occurrence _____
Location of Incident _____
Type of Incident _____

Information Requested:

DEPARTMENTAL USE ONLY

Date Filed: _____
Accepted By: _____
Processed By: _____
Notification Made: **Phone** _____
Fax _____
Mail _____
E-Mail _____

NOTES: