



South Lyon Police Department

219 Whipple St.
South Lyon, MI 48178
Ph: (248) 437-1773
Fx: (248) 437-0459

FOIA REQUEST FORM

Name: _____ Phone: _____
Firm/Organization: _____ Fax: _____
Street: _____ City: _____
State: _____ Zip: _____ Email: _____

Case Number: _____ Date(s) of Incident: _____
Names of Persons Involved: _____
Type of Report (Accident, Arrest, Incident, etc.): _____
Additional Details: _____

DELIVERY METHOD: PICK UP MAIL EMAIL FAX

****Traffic accidents have to be picked up****

DIGITAL MEDIA (CD, DVD)

SCHEDULE APPOINTMENT TO INSPECT RECORD(S)

Requestor's Signature: _____ Date: _____

To be completed by staff only

Date received _____ Staff Member / Officer _____

Received Via: Person Email Fax Other Electronic Method

Date discovered in junk/spam folder: _____

I am designated agent for the nonprofit organization making this FOIA request. This request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Mental Health Code, 1974, PA 258, MCL 330.1931. (Must fill out waiver of costs)

I am submitting an affidavit and requesting that I receive the discount for indigence. (must fill out Affidavit of Indigency)