

BRONSON POLICE DEPARTMENT
120 W. Chicago St.
Bronson, Mi 49028
517-369-9083

FREEDOM OF INFORMATION REQUEST/REQUEST FOR POLICE REPORT

Pursuant to the Michigan Freedom of Information Act [1976 PS 442; MSA 4.180] I request copies of the public records in your possession or under your control relating to the following information.

Name of Person Involved:	Date / Time of Incident:
Type of Incident:	Location of Incident:
Name /Address of Person Making Request:	Requestors Phone Number:
Additional Information:	Complaint # (If known):

I understand there is a fee for processing the request based on a predetermined fee schedule. This fee includes labor, supplies, postage and any other associated costs.

I also understand that by law this department has up to five [5] business days to prepare the requested public records. I will be notified when the request is complete.

Delivery method: _____ Personal pickup _____ U.S. Mail _____ E-mail

E-mail address _____

Signature of Person Making Request: _____

DEPARTMENT INFORMATION

Date Requested: _____

Date Completed: _____

Contact Made: _____

Date Delivered: _____

Approved / Denied : _____

CHARGES

Labor \$ _____

Supplies \$ _____

Postage \$ _____

Other Costs \$ _____

Total \$ _____

Paid \$ _____

☐ After researching our records, no report/information was found relating to the request made.

Fee Schedule:

Labor:	15 min: \$13.16	30 min: \$26.33	Hour: \$52.66		
Supplies:	Disk: .46 Each	Sleeve: .16 Each	Copies: .08 Each Side		
Supplies:	Envelope: Small .08 Each	Envelope: Large .17 Each	Any specific supplies: Actual Cost Each		
Postage:	Actual Cost				