



**CITY OF SALINE
FREEDOM OF INFORMATION ACT
(FOIA) REQUEST FORM**

Please use this form to request inspection or copies of City records under the Michigan Freedom of Information Act (FOIA) in order to enable the City to fully comply with your request for information.

Requests must be completed and delivered, mailed or faxed to the Saline Police Department, 100 N. Harris, Saline, MI 48176-1642, fax (734) 429-8307. Please allow five (5) working days to process all requests. Unfortunately, copies of reports cannot be faxed or e-mailed. The Saline Police Department will call you when your request is complete and you can pick it up.

A fee of \$5.00 is charged for copies of all Accident Reports. Fees for other reports, photos, tapes, DVDs, and other documents vary in price depending on the length of the document, the media used, and the time it takes to assemble the requested materials. All fees are payable upon receipt of the document(s).

Date Requested _____ Daytime Phone Number _____

Name _____

Address _____
Street City State Zip

Please describe the information you are requesting, as specifically as possible, to enable the City to locate the information and minimize costs, if any, that you may be required to pay.

Police Report # _____

You will be exempt for the first \$20 of fees if you provide an affidavit that you are currently receiving public assistance or stating facts that show you are unable to pay due to indigence. Affidavit submitted: Yes No

I, the requestor, am not requesting documents related to any civil action against the City in which I am a party, or by the City against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. I agree to pay all allowable fees.

Signature

OFFICE USE ONLY: Date received: _____ Employee Name: _____