



**David A. Faber**  
Interim Chief of Police  
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## CITY OF UTICA Department of Police

### FREEDOM OF INFORMATION REQUEST FORM

REQUESTER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(Where you can be reached during business hours)

DESCRIPTION OF PUBLIC RECORD(S) BEING SOUGHT INCLUDING COMPLAINT #, DATE, TIME, NAME(S) AND LOCATION IF KNOWN.

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

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND I HERBY AGREE TO REIMBURSE THE UTICA POLICE DEPARTMENT FOR ANY COST INCURRED IN PROCESSING THIS REQUEST THAT ARE ALLOWABLE UNDER LAW.

SIGNATURE OF REQUESTER: \_\_\_\_\_

EMPLOYEE RECEIVING REQUEST: \_\_\_\_\_

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

*In partnership with the community*

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