Submit by Email

LANSING POLICE DEPARTMENT
RECORD DISCLOSURE REQUEST
Freedom of Information Act (FOIA)

Note: This request cannot be honored unless the information you provide is clear and complete to enable us to locate the record(s). Please complete everything in RED.

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(1) NAME OF REQUESTOR: _____

(2) STREET ADDRESS: _____ (3) Apt/Lot: _____

(4) CITY/STATE/ZIP: _____ (5) DAY TIME PHONE: _____

PLEASE READ BEFORE SIGNING:Given how the City of Lansing has been instructed on redacting FOIA requests involving open cases by our City Attorney's Office and by the recent Michigan Court rulings, FOIA redactions for this report, may be extreme. Many pages may not have anything intelligible to read. You may be paying for many unreadable sheets. I understand by signing below, I assume full responsibility for paying any cost involved in retrieving, copying and processing the documents requested. I will call (517) 483-4680 in approximately six business days to check on the status of this request. When the request is completed, I will pick up the report from the Lansing Police Department's Central Precinct, Records Unit, 120 W. Michigan Avenue Lansing, MI 48933 between the hours of 7:30am and 4:30pm Monday - Friday.

(6) I Agree: ☐ (7) Date:_____

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(8) TYPE OF REQUEST: ☐ POLICE REPORT ☐ RADIO DISPATCH ☐ CAD CASE

☐ 911 PHONE CALL ☐ DETENTION VIDEO ☐ IN CAR VIDEO

☐ OTHER _____

(9) COMPLAINT NUMBER(S): _____

_____

(10) TYPE OF INCIDENT: _____

(11) ACCUSED NAME:_____ (12) DOB: _____

(13) VICTIM NAME: _____ (14) DOB: _____

(15) LOCATION OF INCIDENT: _____

(16) DATE/TIME OF INCIDENT: _____

(Use: FOIA request made by EMAIL.) 02/2008/jmp