

LANSING TOWNSHIP POLICE DEPARTMENT

Request for Public Records

ATTN: Freedom of Information Unit

3209 W. Michigan Ave, Lansing MI 48917

Telephone: (517) 485-1700 Fax: (517) 485-6705

I. Requestor Information

Name of Person Making Request: _____

Street Address: _____

Phone Number: _____ Ext: _____

Email: _____

II. Type of Report Requested (There is a cost for this service.)

UD-10 Traffic Crash Report
(Traffic Crash Reports are available on the website www.buycrash.com)

Incident Report

Nature of Event to Which Record Refers: _____

Location of Event (Business/Residence/Roadway/Highway, Street Address)

Report Number: _____ Date of Event: _____

Name Referenced in Record: _____

Date of Birth (MM/DD/YY): _____ Sex (M/F) _____

Drivers License Number: _____

Photos *Other:* _____

III. Method of Access to Records

Mail to Requestor Mail To (if different than Requestor)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Inspect Copies by Appointment (An inspection time will be arranged.)

Pick Up

LANSING TOWNSHIP POLICE USE ONLY

Official Receiving Request: _____

Date Received: _____ Date Completed: _____

Cost: _____ Date Paid: _____