

Little River Band of Ottawa Indians

Department of Public Safety

REQUEST FOR RECORDS

Requester: Read attached instructions before completing applicable areas of the form.

Name of Requester: _____

Company (If any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Tribal I.D. _____

Your Client or Insured:

Your File Number:

Name Referred to in Record:

Date of Birth _____

Drivers License No. _____

Complaint Report
(Give Report Number, If Known): _____

Traffic Accident Report
(Give Report Number, If Known): _____

Criminal History Record

Other Record (Describe)

Date of Event (Be Specific): _____

Location of Event (Be Specific): _____

Specific Event to which Record Refers:

Method of Access Desired

Copies to be mailed.

Address (if different from that given at left.)

Street Address: _____

City: _____ State: _____ Zip: _____

Copies to be inspected at:

Other Location (Specify):

Police Department Use Only

Letter Attached

Telephone

In Person

Departmental Member Receiving Request:

Date: _____ Time: _____

Complaint Number: _____

File Class: _____

Copy of Records Attached

Request Records Unavailable

Recommendation on Release of Records

Release

Partial Denial (Personal Info): _____

Partial Denial (Other): _____

Full Denial (Reason): _____

Signature of Chief of Police

Date

Records Use Only

Notification Date to Requester _____ Time _____

Clerical Look up Time _____ x Rate _____ = \$ _____

Review Time _____ x Rate _____ = \$ _____

Number of pages _____ x Rate _____ = \$ _____

DVD or CD Duplication _____ x Rate _____ = \$ _____

Photographs (Pages) _____ x Rate _____ = \$ _____

Cost to Requestor = \$ _____