

Lake County FOIA Request Form

Freedom of Information Act 422 of 1976, MCL 15.231

800 Tenth Street
 Suite 100
 Baldwin, MI 49304
 Phone: 231-745-6231
 Email: tlake@co.lake.mi.us

I. Requestor of Information (MUST BE COMPLETED)				
Name of Person Making Request		Phone Number () -	Extension	Email Address
Street Address		City	State	ZIP Code
Company Representing, if applicable		Name of Client or Insured, if applicable		Date
II. Type of Record Requested: Check box for type of record(s) being requested and complete section below checked box.				
<input type="checkbox"/> Public Record				
Date of Record	Location/Department of Record		Description	
<input type="checkbox"/> Criminal History Record (Michigan criminal history records are also available by visiting LCHAT at www.michigan.gov/MSP)				
Name Referred to in Record (last, first)			Date of Birth	Sex Male or Femal e
<input type="checkbox"/> Traffic Crash Report (UD-10) (Michigan traffic crash reports are also available by visiting TCPS at www.michigan.gov/MSP)				
Report Number	Date of Incident	Location of Incident	Name(s) Referred to in Report	Driver's License Number
<input type="checkbox"/> Incident Report <input type="checkbox"/> Photos <input type="checkbox"/> External Documents				
Report Number	Date of Incident	Location of Incident	Name(s) Referred to in Report	
III. Preferred Method of Access to Record: Check box for receiving requested information. Medium of Information may Dictate Method of Access (MUST CHECK ONE)				
<input type="checkbox"/> Mail to Requestor (Use address provided in Section I)				
<input type="checkbox"/> Mail To (If different than address in Section I)				
Name		Street Address	City	State ZIP Code
<input type="checkbox"/> Email To (If different than email address in Section 1):				

-----OFFICE USE ONLY-----

Date Received:

Due Date: