NILES CITY POLICE RECORDS DEPARTMENT 1600 SILVERBROOK AVENUE

NILES, MICHIGAN 49120

REQUEST FOR COPY OF RECORDS

MICHIGAN FREEDOM OF INFORMATION ACT

*DATE OF REQUEST:	*NAME:		
*Address:	*CITY	:	*STATE:
EMAIL:	*ТЕLЕРНО	ONE #: ()	
COMPLAINT #	#:		
I AM REQUESTING THE FOLLOWING	G DOCUMENT(S): CHEC	CK ALL THAT APPLY	
POLICE REPORT		UD-10 TRAFFIC CI	RASH REPORT
AUDIO/VIDEO RECORDINGS			PHOTOS
*DELIVERY EMAIL METHOD:	US MAIL	IN PERSON	N
DATE OF INCIDENT:	TIME OF	INCIDENT:	
LOCATION OF INCIDENT:			
Type of Offense:			
NAME AND DATES OF BIRTH OF SUBJECT(S) INVOLVED:			
ADDITIONAL COMMENTS OR INFO:			
THIS REQUEST MAY BE SUI	BMITTED ONLINE TO F	POLICERECORDS@NII	LESMI.ORG
VOLUMAY ALSO SURMIT VOLUE REQUEST:			

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IN PERSION

US MAIL (1600 SILVERBROOK AVE. NILES, MI 49120)

FAX (269-683-0058)

PHONE: (269)-683-0123

FAX: (269)683-0058