

GRANDVILLE POLICE DEPARTMENT

3181 WILSON AVE SW
GRANDVILLE, MI 49418-1274
PHONE (616) 538-6110
FAX (616) 538-7553

REQUEST FOR PUBLIC RECORD

Date: _____

Person making request: _____

Address: _____

Home/Work Phone: _____

I request the right to: (Check appropriate boxes)

- 1. Inspect
- 2. Make a memorandum, abstract, or handwritten copy
- 3. Receive a copy made by the Grandville Police Department

of the following record:

(Describe precisely the exact record(s) and/or document(s) you wish. We will not respond to vague, unclear, or overly-broad requests.)

I agree to pay the charge for copies allowed by law and Grandville Police Department Policy.

Signature of person making request: _____