



City of Grand Rapids Data Request Form – Police Department

A. Completed by the requestor: If applicable, also attach copy of consent for release of data.

Requestor Name: (Required if requesting not public data)	Date of Request:
Address: (Optional for notification/mailling purposes)	Phone Number:
Description of the information requested: (attach additional sheets if necessary)	

NOTE: The Police Department will notify you when you may pick up the report. The request of three(3) or more reports will incur a processing fee. Reports will only be held for a period of 10 business days from the date you are notified. Second request for reports, after failure to claim original report request, will result in significant labor and copying charges.

B. Signature: If form is mailed and includes a request for data that is not public, sign this form and have your signature notarized.

Signed:
Acknowledged before me on this _____ day of _____, 20__.
_____ NOTARY PUBLIC

C. Completed by Department

Department Name:	Handled By:
Information Classified as: - Public - Private - Confidential - Non-public - Protected non-public	Action: - Approved - Approved in part (Explained below) - Denied (Explain below)
Remarks or basis for denial including statue section:	
Authorized Signature:	Date:
Date Notified:	