



MILAN POLICE DEPARTMENT

35 NECKEL CT, MILAN MI 48160
PHONE: (734) 439-1551
Fax: (734) 439-1565

EMERGENCY: 911
TIPS: 734-439-4311

REQUEST FOR PUBLIC RECORDS

_____ is requesting the following:
(Printed name of person making request for records)

(Specifically describe each public record being requested)

Signed: _____ Address: _____
(Person Requesting Record)

Telephone #: _____ Email address: _____
(Person Requesting Record)

Received by: _____ Date: _____
City of Milan

Approved / Denied: _____ Date: _____

Signature: _____

Extension of Response Time

The City of Milan's FOIA Policy requires the City to respond to your request within five (5) business days after receiving a request. Sometimes because of the nature of your request, unusual circumstances arise which prohibit the City from meeting the (5) five business day request period. Therefore, in an attempt to provide the City with enough time to gather the requested information, I authorize the extension of an additional ten (10) business days, which will be _____.

Date: _____

Signed: _____
(Person making request)

Received by: _____
(City of Milan)