

## CITY OF PLYMOUTH POLICE DEPARTMENT INFORMATION DISCLOSURE REQUEST



## THIS SECTION TO BE COMPLETED BY REQUESTOR

The following information is required to determine if the information you are requesting is public or not public. If determined to be not public, additional information may be requested to determine if you can have access to the data.

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING (Be specific):		DATE REQUESTED:	
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You are being asked to supply the following information that may be private NOT REQUIRED TO SUPPLY THIS INFORMATION for your request to be process.			
you have the right to access the requested data (if it is determined to be priv	vate da	ta), and/or to conta	act you when the requested
data is available to pick up. If you do not supply this information, then it is <u>y</u> determine the status of the request.	<u>our</u> res	sponsibility to conta	act the Police Department to
REQUESTER NAME (Last, First, Middle):			
STREET ADDRESS: PHONE NUM		PHONE NUMBER:	
CITY, STATE, ZIP CODE:  ALTERNATE PHONE		ALTERNATE PHONE:	
***WHEN THE REPORT IS READY, I WOULD PREFER (Please check one):			
TO HAVE THE REPORT MAILED TO ADDRESS LISTED ABOVE or			
TO PICK UP THE REPORT MYSELF (We will contact you at the above phone number when the report is ready)			
TO HAVE THE REPORT EMAILED TO EMAIL ADDRESS:			
THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT STAFF			
REQUEST TAKEN BY (initials/date)	CASE	#	CASE #
CURRENT CASE STATUS: Open/Assigned Closed/no charges/pended	CASE	#	CASE #
Pending Court Action (refer to prosecutor)	CASE	#	CASE #
INFORMATION CLASSIFIED AS: PUBLIC NON-PUBLIC	CASE	#	CASE #
PROTECTED NON-PUBLIC PRIVATE CONFIDENTIAL			(initials/date)
SUPERVISORS REVIEW(initials/date)	REQL	REQUESTOR CONTACTED/REPORT MAILED & SCANNED	
ACTION: APPROVED DENIED (EXPLAIN BELOW)	BY:		(initials/date)
REMARKS/NOTES REGARDING RELEASE OR BASIS FOR DENIAL INCLUDING STATUTE SECTION	TION		
NEWANNO, NOTES REGARDING RELEASE ON BASIS FOR DENIAL INCLUDING STATUTE SEC	TION:		
Identity verified for <b>PRIVATE</b> information: Driver's License State	e ID		
Report released by: Other (identify)			
(initial/date)			
Signature of person receiving/picking up the information:			Date:
(not required if public data)			