



FREEDOM OF INFORMATION ACT REQUEST FORM

**CITY OF MARQUETTE
CITY POLICE DEPARTMENT
300 W. BARAGA AVE
MARQUETTE, MI 49855
Phone: 906-228-0400
Email: police@marquettemi.gov**

This request form is for **police related documents**.

If you want to request other city related documents visit: www.marquettemi.gov/departments/clerk

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et. seq.

First Name

Last Name

Firm or Organization – If applicable

Phone

Email

Address

City

State

Zip

Please note: Per MCL 15.233 (1), a requester must include the complete name, current and valid address, and current valid telephone number or electronic mail address. Address must be written in compliance with USPS addressing standards.

Police Department Use Only

Date Request Was Received: _____

