



**CITY OF DEARBORN HEIGHTS
FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS**

MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, *et. seq.*

Copies of the City's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City's website at: www.ci.dearborn-heights.mi.us, and at Dearborn Heights City Hall, 6045 Fenton, Dearborn Heights, MI 48127. City Hall is open to the public Monday through Thursday from 8:00am-12:00pm and 1:00pm-5:00pm

Mailing Address: City of Dearborn Heights Attn: FOIA Coordinator, 6045 Fenton, Dearborn Heights, MI 48127

Telephone Number.: (313) 791-3490 / Fax: (313) 791-3401

E-Mail Address: FOIA@ci.dearborn-heights.mi.us

For Dearborn Heights Police Department Records (i.e., Accident Reports, Police Related Incident/Case Reports), provide your FOIA request in person, mail, fax, or email to the following:

Address: 25637 Michigan Ave. Dearborn Heights, MI 48125

Telephone Number.: (313) 277-7471/ Fax: (313) 274-8456

E-Mail Address: records@ci.dearborn-heights.mi.us

Hours of Operation: Monday - Thursday 8:00am to 4:00pm

For Dearborn Heights EMS & Fire Department Records, provide your FOIA request in person, mail, or email to the following:

Address: 1999 N. Beech Daly Rd. Dearborn Heights, Michigan 48127

Phone Number: Main: (313) 791-3657 / Fax: NO FAX AVAILABLE

Email Address: prevention@ci.dearborn-heights.mi.us

Hours of Operation: Monday - Thursday 7:00am to 5:00pm

Name: _____
(LAST) (FIRST) (MI)

Firm/Organization:

Address: _____
(STREET) (CITY & STATE) (ZIP CODE)

Telephone Number: _____ **Email/Fax** _____

Request for: Copy Certified Copy Record Inspection

Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. only if the City possesses the necessary technological capability to provide the records in the requested format)

Subscription to Record Issued on a Regular Basis

Delivery Method: Will Pick-Up Mail to Address Above Email to Address Above

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED – You may attach additional sheets if necessary

Describe in detail the documentation/information being requested. PLEASE BE SPECIFIC. If the request is unclear, it could prevent the City from providing the documentation/information. Include information such as property address, incident number, date of occurrence, time frame of records requested, etc.

Requestor's Signature: _____ Date: _____

FOR CITY USE ONLY:

SUBMITTED: IN-PERSON BY U.S. MAIL BY FAX/EMAIL

DATE FILED: _____ ACCEPTED/RECEIVED BY: _____

FIVE (5) DAY RESPONSE DATE: _____

TEN (10) DAY EXTENSION DUE DATE: _____

RESPONDING DEPARTMENT(S)/DIVISION(S): _____