



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 or confidential information about yourself. **YOU ARE NOT REQUIRED TO SUPPLY THIS INFORMATION for your request to be processed.** The information will be used to determine if you have the right to access the requested data (if it is determined to be private data), and/or to contact you when the requested data is available to pick up. If you do not supply this information, then it is your responsibility to contact the Police Department to determine the status of the request.

REQUESTER NAME (Last, First, Middle):	
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	ALTERNATE PHONE:
***WHEN THE REPORT IS READY, I WOULD PREFER (Please check one):	
<input type="checkbox"/> TO HAVE THE REPORT MAILED TO ADDRESS LISTED ABOVE or <input type="checkbox"/> TO PICK UP THE REPORT MYSELF (We will contact you at the above phone number when the report is ready) <input type="checkbox"/> TO HAVE THE REPORT EMAILED TO EMAIL ADDRESS: _____	

THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT STAFF

REQUEST TAKEN BY _____ (initials/date) CURRENT CASE STATUS: Open/Assigned _____ Closed/no charges/pended _____ Pending Court Action (refer to prosecutor) _____ INFORMATION CLASSIFIED AS: PUBLIC _____ NON-PUBLIC _____ PROTECTED NON-PUBLIC _____ PRIVATE _____ CONFIDENTIAL _____	CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____ PROCESSED BY _____ (initials/date)
SUPERVISORS REVIEW _____ (initials/date) ACTION: APPROVED _____ DENIED (EXPLAIN BELOW) _____	REQUESTOR CONTACTED/REPORT MAILED & SCANNED BY: _____ (initials/date)

REMARKS/NOTES REGARDING RELEASE OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:

Identity verified for PRIVATE information: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Report released by: <input type="checkbox"/> Other (identify) _____ _____ (initial/date)
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Signature of person receiving/picking up the information: (not required if public data)	Date:
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