POLICE DEPARTMENT

CENTRAL MICHIGAN UNIVERSITY

Request For Police Records

Requests for any incident reports must be from an involved party.

All requests for an incident report not from an involved party must submit a Freedom of Information (FOIA) request.

FOIA requests can be submitted via email at foiarequest@cmich.edu or via fax to 989-774-2477.

Date: _____ Date of Birth: _____
Required for Involved Person

Name (printed): _____

Name (signature): _____

Street Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Date of Incident: _____ Type of Incident: _____

Location of Incident: _____ Incident Number: _____

Name(s) of People Involved: _____

Additional Information:

Please Send Response (pick ONE): ☐ Mail ☐ Email to: _____

☐ I Will Pick Up ☐ Fax to: _____

TRAFFIC CRASH REPORT REQUESTS, PLEASE READ AND SIGN

If this is a request for a motor vehicle accident report which was filed with the Central Michigan University Police Department, by signing below this request will act as my statement that I acknowledge under MCL 257.503, I (and any organization I might represent) am prohibited from a) using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report, and b) disclosing any personal information contained in the report to a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report, until thirty (30) days after the date after the date the report is filed. Violation of this law is a misdemeanor, subject to fines and imprisonment.

Signature: _____ Date: _____

OFFICE USE ONLY:

Received/Date: _____

Notes:
