

Slate Belt Regional Police Department Public Record Review/Duplication Request Form

Requester's Name:		Date:	
Requester's Address:			
Requester's Signature:		Telephone Number:	

I request review duplication (check applicable boxes) of the following records.
Important: You must identify or describe the records with sufficient specificity to enable the Township to determine which records are being requested. Use additional sheets if necessary

I request the review/duplication for the following reason(s)

DO NOT WRITE BELOW THIS LINE

Action Taken	Request Number		Date:		
	Approved		Date:		
	Denied		Date:		
	Date Mailed:		Date Provided:		
	Request Reviewed By:				
	Comments:				

*** Note - The Right to Know Act and the Criminal History Records Information Act may preclude criminal and non-criminal reports from being released. Please direct all inquires to Pat Stonaker, Slate Belt Regional Police Department Open Records Officer.**