

REQUEST FOR PUBLIC RECORDS

Authority: MCL 15.235; Compliance: Voluntary

I. Requester Information				
Name of Person Making Request		Phone Number () -	Email Address	Date
Street Address		City	State	Zip Code
Company Representing, if applicable		Name of Client/Insured if applicable		Claim/File/Reference #
II. Type of Record Requested: Place a check next to the type(s) of record requested and provide requested details				
☐ Traffic Crash Report (UD-10)				
Also available by visiting Lexis Nexis at https://police-reports.lexisnexis.com				
Report Number	Date of Incident	Location	Name(s) in Report	
☐ Incident Report				
Report Number	Date of Incident	Location	Name(s) in Report	
☐ Photos				
Report Number	Date of Incident	Location	Description	
☐ Other				
Date of Incident	Location		Description	
III. Method of Access to Record: Select one of the options below				
☐ Mail to Requester (Use address provided in Section I)				
☐ Mail to (If different than address in Section I)				
Name:	Address:	City:	State:	Zip Code:

Submit Form Via One of the Following Methods:

Mail To:

Missaukee County Sheriff's Office
Attn: Records
PO Box 800
Lake City, MI 49651

Fax:

(231) 839-4344

Drop Off:

Missaukee County Sheriff's Office
110 S Pine St
Lake City, MI 49651

For Additional Information Call:
(231)839-4338 X 3

www.missaukee.org/departments/sheriff

Signature of Requester:

X