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:

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 refuse to supply this information, then it is <u>your</u> 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 NUMBER:

*****WHEN THE REPORT IS READY, I WOULD PREFER (Please check one):**

_____TO HAVE THE REPORT MAILED TO ADDRESS LISTED ABOVE or

_____TO PICK UP THE REPORT MYSELF (We will contact you at the above phone number when the report is ready)

THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT STAFF

REQUEST TAKEN/PROCESSED BY_____
(initials/date)

CURRENT CASE STATUS: Open/Assigned Closed/no charges/pended
Pending Court Action (refer to prosecutor)

INFORMATION CLASSIFIED AS:

PUBLIC NON-PUBLIC
PRIVATE PROTECTED NON-PUBLIC
CONFIDENTIAL

CASE # _____ CASE # _____
CASE # _____ CASE # _____
CASE # _____ CASE # _____
CASE # _____ CASE # _____
CASE # _____ CASE # _____

SUPERVISORS REVIEW:_____
(initials/date)

ACTION: APPROVED
APPROVED IN PART (EXPLAIN)
DENIED (EXPLAIN BELOW)

REQUESTOR CONTACTED OR REPORT MAILED & SCANNED BY:

_____
(initials/date)

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

Identity verified for **PRIVATE** information:

- ☐ Driver's License
- ☐ State ID
- ☐ Comparison Signature on File
- ☐ Other (identify)_____

Report released by:_____

Date_____

Signature of person receiving/picking up the information: (not required if public data)	Date: