



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 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):	
_____ 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)	
_____ TO HAVE THE REPORT EMAILED TO EMAIL ADDRESS: _____	

THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT STAFF

REQUEST TAKEN BY _____ (initials/date)	CASE # _____ CASE # _____
CURRENT CASE STATUS: Open/Assigned _____ Closed/no charges/pended _____	CASE # _____ CASE # _____
Pending Court Action (refer to prosecutor) _____	CASE # _____ CASE # _____
INFORMATION CLASSIFIED AS: PUBLIC _____ NON-PUBLIC _____	CASE # _____ CASE # _____
PROTECTED NON-PUBLIC _____ PRIVATE _____ CONFIDENTIAL _____	PROCESSED BY _____/CLA _____ (initials/date)
SUPERVISORS REVIEW _____ (initials/date)	REQUESTOR CONTACTED/REPORT MAILED & SCANNED
ACTION: APPROVED _____ DENIED (EXPLAIN BELOW) _____	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)	
Signature of person receiving/picking up the information: (not required if public data)	Date: