



WALKER POLICE DEPARTMENT

FREEDOM OF INFORMATION REQUEST

Date: _____

Under the Freedom of Information Act, I request the right to:

- Inspect
- Make a memorandum, abstract or handwritten copy of
- Receive a photocopy of the following record.

Describe precisely the exact record(s) or document(s) requesting. The Walker Police Department will not respond to vague, unclear or overly-broad requests. Include Report number (if known), date, location, person(s) involved, etc.

I agree to pay appropriate charges for copies as allowed by law and City regulation. (\$2.00 for the first page and \$1.00 for each additional page is charged by this department under normal circumstances).

As provided by the Freedom of Information Act, this Agency has five (5) business days to respond to your request, and may request a 10 day extension if such is deemed necessary.

Signature

Name (Printed)

**WE WILL RESPOND BY MAIL
WITHIN FIVE (5) BUSINESS DAYS**

Driver's License Number

Address

City, State, ZIP

Phone No.

Office Use Only
 Approved
 Not Approved

By _____
