



BOYNE CITY POLICE

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BOYNE CITY POLICE DEPARTMENT FREEDOM OF INFORMATION ACT REQUEST

Requested by: _____

(Name)

(Address)

(Telephone)

Description of Public records requested including date(s) and locations(s):

What records are you requesting:

- Incident Report w/supporting documentation
- Videos
- Photos

Please be advised all records are subject to redaction and will incur fees. Fee schedule available on City website or upon request.

Payment:

_____ I understand that the City of Boyne City may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, seperating and deleting exempt information.

_____ Attached is an affidavit of indigency. Please furnish me the requested public records without charge for the first \$20.00 of the required fee.

Date

Signature

Printed name