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 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 BY_____
(initials/date)

CURRENT CASE STATUS: Open/Assigned____ Closed/no charges/pended____
Pending Court Action (refer to prosecutor)_____

INFORMATION CLASSIFIED AS: PUBLIC_____ NON-PUBLIC_____

PROTECTED NON-PUBLIC_____ PRIVATE_____ CONFIDENTIAL_____

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

PROCESSED BY_____
(initials/date)

SUPERVISORS REVIEW_____
(initials/date)

ACTION: APPROVED_____
DENIED (EXPLAIN BELOW)_____

REQUESTOR CONTACTED/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
- ☐ Other (identify)_____

Report released by:_____
(initials/date)

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